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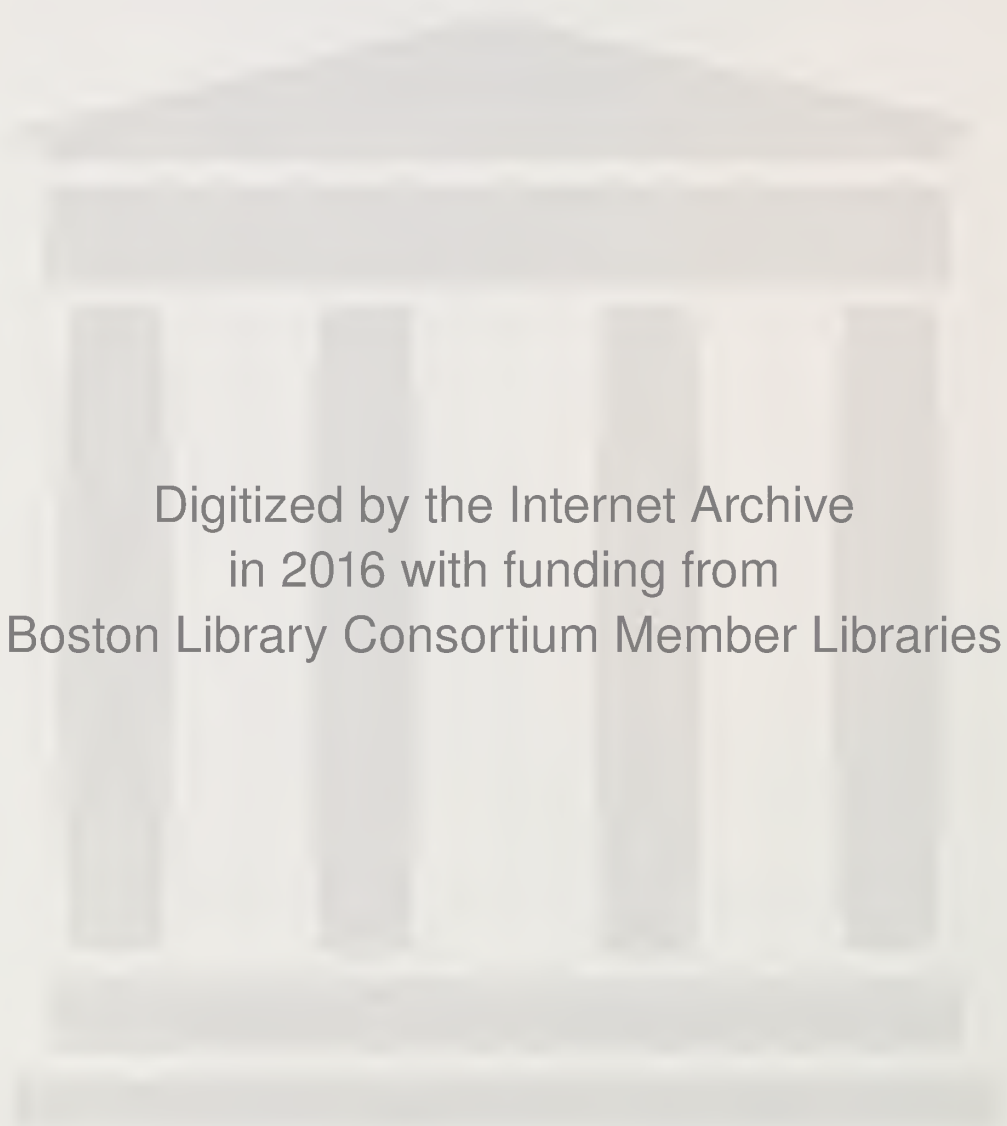
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EXPERIENCES OF GAY MEN
WHO CHOOSE TO BECOME PARENTS

A Dissertation Presented

by

SEAN BARNETT ROBINS

Submitted to the Graduate School of the University of Massachusetts in partial
fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2008

Department of Psychology

UMI Number: 3325117

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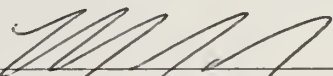
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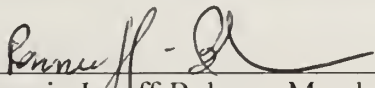
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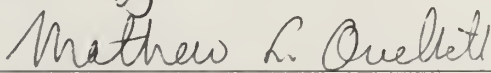
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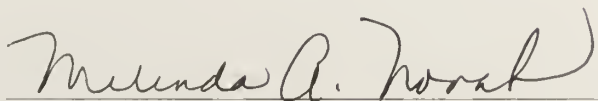
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DEDICATION

To Solly Robins.

ACKNOWLEDGEMENTS

It was Monday at eight in the morning and I was sitting at a large conference table with five of my future friends and colleagues. Lindsey Berkelman, the sixth, was late. No one said anything. The façade of calm that we all had was betrayed by the ten eyes that darted anxiously around the room. No one knew what to expect; it was the first day, the first class, of graduate school. To be honest I cannot remember what happened during that first class, which is a bit of a blur; most likely it had to do with the MMPI, but that could be a product of my imagination. What I do remember is walking in the long corridor of Tobin Hall after that first class with my six new friends, electrified, no inspired, by the man we had just met. This was my introduction to Rich Halgin. In one hour Rich had managed to both challenge and excite us in a way that is uniquely Richard Halgin. For years after this first class I have watched Rich have this same effect on his clients, to classes of five hundred students, to the woman at the checkout line at his favorite breakfast hotspot. Over the years I have also had a chance to get to know Rich as a person; a warm, confident and at the right times, a distinctly stubborn person. I have also come to know Rich as a remarkably patient and understanding human being. He has become not only my advisor, but also a friend, someone I trust implicitly and without whom this project would not have been possible. To this day, every email, phone call or meeting with Rich reminds me of that first day; he continues to inspire me.

I would also like to say a few words about my committee members, Ronnie Janoff-Bulman, Matthew Ouellett and Michael Constantino. I first met Ronnie when I

was a teaching assistant for her several years ago. I remember her telling me that I did not need to attend her classes; I ended up attending every class and enjoying every one of them. Ronnie has also been a good friend and constant source of support throughout my graduate career. I was fortunate enough to meet Matt through the Center for Teaching at the University of Massachusetts. He was my supervisor, and over the course of the semester became my friend. The way that Matt can deal with crisis after crisis, while editing a 47-chapter book, always with a smile on his face, is a true inspiration; so too is his warm and infinitely compassionate personality. Although I have not had the opportunity to work as closely with Mike, I will always remember a presentation he gave, long before he came to UMASS. From the presentation I could just tell that Mike is a thoughtful and dedicated person, someone you would want to work with. Thank you all for being on my committee.

This would not be a proper acknowledgement section without thanking my closest friends, Jennifer (Donatella) Davidtz and Lindsey Berkelman-Dean. Jen and Lindsey have been those two friends that you have to have to be successful in graduate school. They were the ones who dragged me to school when I wanted to flee the country, let me know that the country I had chosen to flee to was not somewhere that they were prepared to visit, and finally, that the outfit I had chosen to flee in was largely inappropriate to the task at hand. Thank you.

I know it is starting to seem like a bad awards show, but I do have to acknowledge all the people who have helped along the way, including all of my supervisors and the people I have worked with over the years. I would especially like

relative advantages and disadvantages of surrogacy vs. adoption, with attention to the significance of biological connectedness to a child.

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CHAPTER I

GAY PARENTS AND THE CONCEPTUALIZATION OF FATHERHOOD

Virtually every man has the biological ability to reproduce. Historically, however, the opportunity to father children has largely been reserved for heterosexual men. In the past decade, reproductive technology and changing social mores have begun to allow gay men the ability to become fathers, either through the process of biologically fathering a child or through adoption. These options, combined with significant evidence that children of gay and lesbian parents are as well adjusted and psychologically healthy as children of heterosexual parents (Allen & Burrell, 1996; Chan, Raboy, & Patterson, 1998; Fitzgerald, 1999; Golombok & Tasker, 1996; Patterson, 2000), may explain why many gay men are actively considering parenthood. While current estimates put the number of openly gay fathers between one and three million (Gottman, 1990; Mallon, 2004), there is evidence that more gay men are planning to become fathers now than at any other point in U.S. history (Bryant & Demian, 1994; Lambert, 2005; Sbordone, 1993). Despite what many have termed an impending “gayby boom,” relatively few researchers have studied gay men who choose to have children in the context of a homosexual relationship (Lambert, 2005; Pachankis & Goldfried, 2004; Patterson, 2000). Moreover, very little attention has been given to those who biologically father these children, despite interest in this type of information from the gay and lesbian community (Patterson, 1997). In this project, I attempted to fill the gaps in our knowledge about gay fathers. Specifically, I used an exploratory approach to investigate how gay men conceptualize their role as fathers,

what motivates them to become parents, and how sexual prejudice shapes their experiences as parents.

The past several decades have seen a surge of research on fatherhood, as numerous authors have addressed the experiences of fathers, focusing primarily on the experiences of heterosexual fathers. Although gay fathers are exposed to many of the same joys and pressures of fatherhood and may understand their role as a father in much the same way as their heterosexual counterparts, there are several reasons to believe that gay men may conceptualize fatherhood differently than their heterosexual counterparts.

While some heterosexual fathers expend considerable time and effort to have a child, for most the investment to conceive a child is relatively uncomplicated. The process by which gay fathers “have” a child necessarily takes more time and conscious effort than is the case in most heterosexual relationships. The time necessary to find and set up a surrogate relationship, or the process necessary for arranging an adoption (e.g., interviews, travel, background information checks, etc.) may take years. Furthermore, the medical and legal processes of either a biological or an adoptive route to parenthood require an additional commitment of time and money. Surrogacy arrangements can cost upwards of \$100,000 (see Appendix K), with other legal bills possibly adding an additional \$10,000. Adoption through public or private agencies can also be an expensive and time consuming process (Glazer & Drescher, 2001). By the time gay fathers finally have children, they are often in their late thirties or early forties, despite a planning process that may have begun in their twenties (Baum, 1994). Based on the substantial investment of resources necessary for gay couples to

“have” a child, we can assume that gay fathers should have well-formed ideas about what it means to be a father. In addition, gay men wanting to become fathers must often convince adoption or surrogate agencies that they are ready to make this transition in life. These men must demonstrate that they can provide a child with a wide range of support that encompasses aspects of traditional father and mother roles.

While the presence of two men as primary caregivers suggests that parenting is carried out by “two fathers,” this is not accurate in the traditional sense. Gay fathers must somehow perform parenting behaviors that fulfill both the “father” and “mother” roles. Research involving heterosexual families demonstrates that activities involving direct childcare and more nurturing aspects of parenting are often seen as the feminine expressions of parenting, and are stereotypically regarded as the realm of the female partner (Cowan & Cowan, 1992; Hawkins, Christiansen, Sargent, & Hill, 1993; Leventhal-Belfer, Cowan, & Cowan, 1992). As Hawkins & Dollahite (1997) point out, many scholars assume that men are not predisposed to direct childcare and nurturing behaviors. Participation in nurturing domains is viewed as voluntary by society (Hawkins et al., 1993) with little societal expectation, or pressure, for involvement. Blankenhorn (1995) has gone so far as to suggest that “cultures must mobilize to devise and enforce the father role for men...require[ing] them to maintain a close alliance with their children’s mother and to invest in their children” (p. 3). In contrast, similar parenting behavior by homosexual fathers is less “optional.” At all but the highest socioeconomic levels, where household and childcare tasks might be assumed by an employee, at least one member of the dyad must have responsibility in terms of direct care for their child. These behaviors, which approximate what many view as

traditional “mothering” behaviors, are seen as the hallmark of good, or at the very least, essential parenting (Hawkins et al., 1993) and must be performed by one or both partners. Despite stereotypic beliefs that one partner in a gay relationship takes on a “feminine” role and one partner takes on a “masculine” role, this is seldom the case (Kurdek, 1995). Rather, gay fathers seem to merge more traditional “masculine” and “feminine” roles of parenting into their conception of fatherhood. A growing body of evidence from studies on the division of labor among gay couples supports this notion. These studies indicate that gay couples split household tasks (Kurdek, 1993) and share childcare responsibilities more evenly than do heterosexual couples, although all of the evidence for these observations comes from research on lesbian couples (Patterson, 2000).

The experience of gay men who choose parenthood is inevitably shaped by their experiences of stigma and discrimination, which comes in many forms. Despite the considerable social advances of the last few decades, there continues to be significant cultural stigma attached to gay identity. From internalized homophobia to overt acts of sexual prejudice, this stigma can profoundly affect the lives of gay people and may represent a form of cultural trauma experienced by anyone who identifies as homosexual (Robins, 2005). Gay fathers may also face resistance from within the gay community. By becoming a parent in the context of a largely childless, and often single, gay community, gay parents may feel excluded from the larger gay community. Other gay people may feel that having a child conforms too closely to heterosexual notions of what it means to be “normal” or to fit in with society (Barret & Robinson, 2000). Some gay men may see the raising of children as antithetical to the needs of the

gay community and may actively discriminate against gay parents. In addition, just as in the heterosexual community, social networks often shift when one becomes a parent, with greater involvement with other people who also have children. Finding support within the gay parenting community may be difficult given the relatively few numbers of openly gay parents. Homosexual parents may, however, find new means of support within the heterosexual parenting community, although gay fathers, due to their sexual orientation, may still encounter discrimination from within the heterosexual parenting community. As Gerald Mallon (2004) points out, gay fathers are also subject to society's belief that men cannot adequately raise children. He eloquently theorizes that much of the discrimination gay fathers face derives more from their status as men and less as a function of their sexual orientation.

In summary, all of the factors cited above suggest that gay parents may have a unique understanding of fatherhood. At this time, however, there has been no research that addresses how gay fathers conceptualize their role as father, and importantly, whether both members of a gay-parent couple conceptualize fatherhood in the same way. Before asking this question, however, I will discuss the role that the father has traditionally played in the lives of his children.

Traditional Roles of the Father

The rights and responsibilities of being a father are both plastic and multifaceted, the result of centuries of biological and social construction. Inevitably, the contemporary father, whether heterosexual or homosexual, draws on the varied historical manifestations of fatherhood to define his role as father. In their reviews of the history of fatherhood, John Demos (1982) and Michael Lamb (2000) offer insight

into the evolution of the role of the father in American society. Although these historical accounts of the role of the father in parenting are rooted in the ideological and practical realities of daily life, most accounts are also, largely, a portrait of White, middle class America. While a focus primarily on White fathers limits our understanding of the role of the father, it does provide a general framework for understanding contemporary fatherhood, especially if all men turn to these models in generating their own conceptions of being a father. We will examine the major, historical roles fathers have ascribed to: as a moral guide, breadwinner, sex-role model, and nurturer to his children.

Father as Moral Guide

Early American life, from the Puritan through the Colonial period, was largely centered on subsistence agriculture. Most families spent their days on the family farm or employed as artisans or tradesmen (Demos, 1982). Fathers had considerable daily contact with their families and substantial, direct influence over the parenting of their children. At the same time, prevailing views about gender cast women as irrational and weak. Stemming from a strict interpretation of the Bible, the danger of temptation was thought to continually entice children toward evil, and a mother's influence over her children was seen as indulgent and inherently dangerous (Demos, 1982). Mothers were in essence seen as Eve, tempting children to eat the forbidden fruit in the Garden of Eden. Fathers, then, were responsible for preventing children from succumbing to these dangers; their role was one of moral teacher, or guide (Demos, 1982; Lamb, 2000). During this era, the father was viewed as the primary parenting unit, responsible for the care and health, both physical and moral, of all members of the

family. The father's responsibility to teach the Scriptures lay at the center of his duties, providing his family with a "moral compass" and a set of values by which to live (Demos, 1982; Lamb, 2000). All else followed from this endeavor. For instance, children learned to read in order to be well versed in the Bible. In line with his role as moral guide, the father was also seen as the chief disciplinarian in all family matters. His word was unchallenged in the home and he was held largely responsible for the success or failure of the family.

Father as Breadwinner

While contemporary fatherhood often involves moral guidance, many men view their primary parenting responsibility as filling the economic provider or "breadwinner" role for their families (Cohen, 1987, 1993). The roots of this role of the father can be traced to the mid-nineteenth century, when industrialization brought rapid economic and social changes, marking an important movement of fathers from the farm, where they had significant contact with their families, to factories and cities, where they had little contact with family life. Suddenly, fathering became a part-time activity. During this period, gender roles quickly adapted to this changing economic reality. Men and women came to have distinct functions or "spheres" in which they operated (Demos, 1982). For women, this meant an emphasis on domestic life and the upbringing of children, while a man's sphere was located outside the home, as economic provider for the family. In a dramatic shift from Puritan and Colonial views, women were no longer seen as irrational and open to temptation, but instead as "calm, unselfish and 'pure'...[morally] far above man" (Demos, 1982, p. 431). This new view of women, combined with a growing scientific emphasis on the importance of

early childhood experience on the formation of character, solidified the importance of the mother as the primary caregiver and deemphasized the father's role in parenting. While the father was still expected to provide moral guidance and continued to act as the ultimate disciplinarian, these roles took a backseat to the role of economic provision. The definition of the "good father" no longer relied on a father's ability to morally guide his family, but instead on his ability to provide financially for his family.

As a result of this shift in parenting responsibilities, "virtually all (contemporary) men believe being a good father means first and foremost being a good provider," (Thompson & Walker, 1989, p. 861), despite the fact that many contemporary fathers and mothers share the responsibility of providing economically for their family. In contemporary society men who identify themselves primarily as "breadwinners" tend to contribute less to childcare responsibilities such as feeding, bathing, soothing upset children, and attending to doctor appointments and school/daycare related activities (Coltrane, 2000). The men who adopt this more traditional fatherhood/husband schematic understand their principal contribution to their family as providing economic support, a distinctive discipline style, and emotional support for the mother (Tiedje & Darling-Fisher, 1996).

Father as Sex-Role Model

By the late 1930s and early 1940s, popular and professional literature began to focus on the "inadequacy of many fathers" (Lamb, 2000, p. 27) of the industrialized era. Although fathers were providing for their families financially, there was a growing recognition that their lack of involvement in their children's lives could lead

to serious consequences for children. Male children, in particular, were believed to be most at risk. Stemming from this concern, the father was entrusted with a new role, that of sex-role model for his children. Borrowing from the classic Freudian definition of the “good father” as masculine, that is, psychologically strong, dominant, assertive, and as the successful provider, fathers were responsible for transferring these masculine qualities to their children. A father’s primary responsibility during this era was to model appropriate, valued, sex-typed behaviors to their children.

Father as Nurturer

Amid the sweeping changes brought about by the social events of the 1960s and 1970s, a new role for the father emerged. With an emphasis on active, daily involvement with children, this new “nurturing” father role encompassed many aspects of previous fatherhood roles, that is, moral guide, breadwinner, sex-role model, but blended features traditionally associated with “mothering” into the father’s responsibilities (Lamb, 2000). Nurturing fathers place more emphasis on an egalitarian division of labor; they spend more time in daily household tasks and tend to be more involved in routine childcare. There is evidence that this more involved fatherhood role has positive consequences for both child and father. For example, children of nurturant fathers are more socially and cognitively competent (Ninio & Rinott, 1988), and fathers who are more involved in childcare report a heightened sense of overall well-being (Tiedje & Darling-Fisher, 1996). Although some of the nurturant role definition may be the result of changing economic factors that require both parents to work outside the home, evidence shows that even when husbands see themselves as nurturing, there is often a marked return to traditional gender roles after a child’s birth.

After the birth of the baby, a father's devotion often turns to occupational pursuits, while mothers take on a large portion of unpaid "family work" despite their participation in paid labor (Cowan & Cowan, 1992).

From Roles to Research: Contemporary Views on Fatherhood

Traditionally, time-use studies have measured fathers' direct care of their children. The role of the father has then been inferred from these findings, with the assumption that more involved fathers ascribe to a nurturing role, while those less involved with direct childcare see themselves primarily as breadwinners; both views of fatherhood assume some level of involvement and exclude those fathers that take no responsibility for the care of their children.

Given shifts in gender roles and changing economic demands on a family that result when both parents work outside the home, we might assume that fathers in general have become more involved in the direct care of their children. Contemporary research, however, shows that in heterosexual relationships women still perform more household and childcare activities than men do, even when they are employed in full-time positions (Barnett & Shen, 1997). In essence, "fathers are treated as volunteers, while mothers are draftees" (Czapansky, 1991, p. 1415). A father's contributions are generally viewed as "optional," supplemental to a mother's support (Hawkins et al., 1993); wives whose husbands participate more are considered "lucky." Today, the average woman performs about three times more housework than her husband, and about 80% of childcare (Robinson & Godbey, 1997). Even in families where the father ascribes to the nurturing role, the absolute amount of time a man spends directly

caring for his child is relatively small compared to the mother's contribution (Darling-Fisher & Tiedje, 1990).

Evidence from research with heterosexual couples shows that unequal division of labor has important implications. When women are required to take on a larger portion of household and childcare activities, they often see the relationship as unfair. This perception of inequality is correlated with lower overall marital satisfaction and higher rates of depression (Coltrane, 2000). There is also evidence that children who come from families where there is a more equal division of labor tend to have lower rates of externalizing behavior and better overall adjustment during childhood (Coltrane, 2000). In a longitudinal study, Cunningham (2001) found that male children from families in which the father participated more in housework tended to have increased acceptance for performing stereotypically “female” housework at age 18. These findings suggest that parents modeling egalitarian behavior can influence children’s behavior in later years, with implications for their future relationship satisfaction.

Explaining Parental Role Imbalance

Several theorists have attempted to explain why role imbalances between parents occur. Human-capital theory is an efficiency approach that posits that each partner is assigned tasks that he or she does best, with the least investment of time (Duncan & Prus, 1993; Polachek, 1976, 1987). Men tend to earn more in the labor market and have higher occupational prestige, so they are “assigned” the breadwinner role. Their participation in the workforce means that they have less time available for domestic activities, and thus the other partner is assigned these responsibilities. This

theory holds that the relative amount of resources a partner contributes influences the division of domestic labor; those who contribute a greater amount of tangible resources are able to negotiate doing less unpaid labor. Traditionally the person in the more powerful position has been the father. Implicit in this theory is the understanding that the unpaid labor of domestic work, which is estimated as being equal to the amount of time spent in paid work for women (Coltrane, 2000), is less valued. Although some evidence appears to support human-capital theory (Kaufman & Uhlenberg, 2000), other research (Darling-Fisher & Tiedje, 1990, 1996) shows that even when a husband works and earns comparatively less in paid labor than his wife, the wife still performs more household and childcare duties, suggesting a more complicated process than human-capital theory would imply (Aldous, Mulligan & Bjarnson, 1998).

Gender-ideology theory asserts that attitudes and beliefs about the gender appropriateness of certain tasks influences a person's willingness to divide house and childcare equitably (Stroh & Reilly, 1999). Tasks are assigned according to gender beliefs and not based on the relative resources of each partner. From this perspective, those who believe strongly in traditional notions about gender will interpret the father's role primarily as breadwinner, and will consider "work on the job and ambition to get ahead [as] central to [a man's] self image" (Hochschild, 1997, pg. 63). According to gender ideology theory, division of labor will become more egalitarian when partners change their beliefs about gender. While some researchers (e.g., Coltrane, 2000) have found no effect of gender ideology on division of labor, others (Deutsch, Lussier and Servis, 1993) have offered evidence to support the view that

men who display more nurturing behavior toward their children tend to ascribe to less traditional gender role attitudes than men who see themselves primarily as breadwinners.

There are several reasons to believe that childcare patterns in gay parents may be different from the patterns of heterosexual fathers. As they must care for a child, both homosexual parents cannot ascribe to the breadwinner role of fatherhood; at least one member of the dyad must take responsibility for caring for their child. Gay men who adopt children or use a surrogacy agency must demonstrate their ability to care for a child financially, as breadwinner, and emotionally, as nurturer. Evidence from studies on the division of labor among gay couples shows that they split household tasks more evenly than heterosexual couples (Patterson, 2000), and that couples' perceptions of equality in the relationship are higher (Kurdek, 1993), suggesting this perception of equality may also be true of childcare responsibilities. It is unclear, however, if these findings are best explained by the fact that both people in the couple dyad are male, and thus have equivalent earning potential, as human-capital theory would suggest, or if an alternative explanation exists.

Egalitarian division of labor in gay couples might also be explained by gender ideology theory. From this perspective, the tendency for gay couples to divide labor more equally can be attributed to less traditional notions about gendered task performance. Evidence from several sources is consistent with this explanation. Through their extensive study of gay fathers, Bigner and Bozett (1989) assert that gay fathers are less invested in traditional sex-role behaviors than heterosexual couples. Kurdek's (1995) finding that gay couples rarely take on traditionally "feminine" or

“masculine” roles is also consistent with this theory. Explicitly testing gender ideology among gay couples is difficult. Conceptualized only as a heterosexual phenomenon until this point, measures of traditional gender ideology have used females as the primary reference group to determine gender traditionalism. Research studies have relied on scales with items such as “It bothers me more to see a woman who is pushy than a man who is pushy;” “Women with children should not work outside the home if they don’t have to financially;” and “Women should appreciate the protection and support that men have traditionally given them.” Such statements are difficult to transform into gender-neutral statements for use in comparing homosexual and heterosexual samples. However, by explicitly asking gay parents how they divide childcare and household activities, are able to determine if a human-capital or gender ideology approach better explains the division of labor in gay parenting families.

Problems with Previous Fatherhood Research

While an analysis of the parenting literature highlights the disparity between the role of mothers and fathers, scholars in the 1990s began to question the utility of equating direct care with overall involvement (Hawkins & Palkovitz, 1999; Lamb, 2000), citing several problems with this approach. First, they note that simply measuring the amount of time a father spends performing such duties as feeding or bathing a child ignores a multitude of contributions of the typical father. Fathers also spend significant time engaged in activities such as worrying about a child, planning for his or her future, or attending to tasks of economic provisioning. Typical time use studies have ignored these contributions. Second, traditional “mothering” behavior is the bar by which most studies compare father involvement. Categorized in this way,

almost all fathers fall short of the supposed ideal. The traditional time use approach ignores the reality that mothers and fathers may interact differently with children. For example, fathers tend to engage in more play activities with children, while mothers tend to be more involved in direct care provisioning; in actuality, research shows that mothers spend more actual time playing with children (Lamb, 2000). Third, by focusing solely on the amount of time each parent engages in various activities, most time use research does not take into account the content and quality of a father's interactions with his child(ren) (Lamb, 2000).

Reconceptualizing Involvement

Addressing the inadequacies of previous fatherhood research, Lamb reconceptualized involvement along three dimensions: engagement, accessibility, and responsibility (Lamb, 1986). Engagement refers to those activities that have been most typically associated with father involvement, namely those that include one-on-one contact with the child. These activities might include playing a game with a child, feeding the child, or putting the child to bed. Lamb defines accessibility as a less engaged, yet still important, style of involvement. Accessibility includes indirect supervision of a child, with the potential for direct interaction. Reading a novel or cooking dinner while a child plays in the next room is an example of accessibility. Responsibility, the final form of involvement, refers to those activities devoted to a child's overall well-being. Responsibility is inherently difficult to assess as it captures the time spent worrying about, and planning for, the needs of a child. This might include knowing when a child needs a vaccination and making the appointment at the doctor's office, making arrangements for babysitting, or realizing a child is sick and

making plans for her or his care. Using this expanded definition of involvement, Lamb and his colleagues (Lamb, 2000; Lamb, Pleck, Charnov, & Levine, 1987) reanalyzed parental involvement studies. They found that in two-parent families in which the mother was not employed, mothers provided four times as much direct engagement as the fathers, and were accessible almost three times as often; fathers were involved in almost no tasks defined as “responsibility.” Results from studies of two-parent families in which the mother was employed are more encouraging and show a gradual increase in father involvement over the last decade. In these studies fathers were involved in direct engagement about 44% as much as mothers, and they were accessible about 66% as much as mothers. Interestingly, fathers engaged in few responsibility tasks, although there was some evidence suggesting that fathers are somewhat more responsible than they were twenty years ago.

The process through which gay men create families with children is quite different from the process through which most heterosexual men create their families. The extensive investment of resources necessary for gay men to have children, experiences of discrimination and the negotiation of childcare between partners, may have important implications for how a gay man conceptualizes his role as a parent. While these factors may differentiate the experiences of homosexual and heterosexual fathers, the motivation and developmental implications of becoming a parent may be similar in both groups of men. In the next chapter I will explore why I believe increasing numbers of gay men are choosing parenthood, an explanation that has been used to understand the experiences of heterosexual fathers for several decades.

CHAPTER II

THE MOTIVATION TO PARENT

In any relationship between two people each person has an impact on the other. This influence may be limited, as in the relationship between two acquaintances; but in an intimate relationship reciprocal influence is of course considerable. Similarly, the strong bond that exists in the parent-child relationship implies a bidirectional influence between the child and parent that can be extremely powerful. While there is a long history of research on how parents influence a child's development, there has been relatively little written about the ways in which a child affects a parent's development (Hawkins et al., 1993; McKeering & Pakenham, 2000). Understanding this relationship can provide important information about the motivation to parent and may help explain why a growing number of gay and lesbian people are deciding to parent as social and political boundaries become less restrictive. This motivation may be rooted in a desire to contribute to future generations, a motivation which some developmental theorists regard as essential to the development of psychological health (Erikson, 1968).

In the 1950s, Erik Erikson proposed that human beings develop along a continuum that encompasses eight distinct stages (Erikson, 1950). The larger goal of each of these stages is to develop into a psychologically healthy person, which Erikson argued included the achievement of hope, fidelity and care. While hope and fidelity should be established at the end of adolescence, the ability to care is thought to emerge in the final developmental stages of adulthood. After an individual has established a sense of identity and has achieved intimacy through marriage or friendship, he or she

is prepared to face the seventh of Erikson's stages: generativity. Erikson conceptualized generativity as an interest in establishing and guiding the next generation. He saw generativity as a deep investment in, and care for, something beyond the self, the development of which is essential for the maturation of a healthy person. Erikson believed the primary impetus for generativity to be the caring for one's children (Erikson, 1964). Subsequent research has supported this assertion; McAdams and de St.Aubin (1992) found that men with children express higher levels of generativity than men who do not have children. Erikson was careful to point out, however, that generativity could also be achieved by other altruistic, creative, productive processes that leave the world a better place for the next generation. For example, devotion to a social or political movement, involvement with charity, or achievement in one's occupation may lead to generativity. According to Erikson, people who do not engender within themselves this commitment to the next generation would develop "an obsessive need for pseudo intimacy...with a pervading sense of stagnation and interpersonal impoverishment" (Erikson, 1982, pg.103).

Beyond Erikson: Contemporary Views of Generativity

Using Erikson's theory as a framework for understanding mid-life development, several researchers have expanded the concept of generativity and demonstrated its importance in people's lives (see de St. Aubin, McAdams, Kim, 2003; McAdams & de St. Aubin, 1998). At the same time, scholars have identified several problems with the concept of generativity as originally conceived by Erikson. Chief among their criticisms is the notion that Erikson provided only a broad definition of generativity and that his focus on child rearing as a primary vehicle to

generativity is unnecessarily restrictive. Cohler, Hostetler & Boxer (1998) point out that Erikson seemed reluctant to provide an exact definition of generativity, and that he was unclear about the mechanisms through which generativity may occur. Erikson referred to generativity as a “drive,” “need,” “motive,” “trait,” and “stage,” (McAdams, Hart & Maruna, 1998) and generally conceptualized it as concern for the next generation and personal accomplishment. He believed that, for the majority of people, generativity is accomplished through the birth and subsequent raising of children, although Erikson did document generativity that was not specifically related to children in extraordinary figures such as Mahatma Gandhi and Martin Luther. In an attempt to elaborate on alternate pathways to generativity, Kotre (1984) conducted extensive interviews with eight men and women identified as highly generative. Kotre’s work challenged the notion that generativity comes primarily from having children, which he terms biological generativity, and posits that technical contributions, such as teaching skills or passing on cultural tradition, and cultural contributions, such as tending, modifying, and conserving culture, can lead to generativity. Expanding on Kotre’s work, McAdams (1996) has subsequently identified teaching, mentoring, and creating products that benefit the next generation as important avenues to generativity.

Perhaps more than any other contemporary theorists, McAdams and de St. Aubin have redefined thinking about generativity, addressing many of the criticisms of earlier work on the subject (McAdams & de St. Aubin, 1992). Drawing on Erikson’s writings about generativity, McAdams and de St. Aubin set out to develop an instrument to measure individual differences in generativity. What they found,

however, was a body of work that they characterized as “scattered, sparse and unsystematic” (McAdams & de St. Aubin, 1992, p. 2). Using Erikson’s theory of generativity as a springboard, McAdams & de St. Aubin (1992) elaborated a contemporary theory of generativity that not only predicts behavior, but also provides insight into the motivations for generative action.

In concurrence with other scholars, McAdams and de St. Aubin (1992) contend that Erikson’s original model of generativity as a discrete task, to be accomplished in middle adulthood, has not been supported by empirical evidence. In contrast to Erikson, McAdams and de St. Aubin view generativity along a spectrum, with some individuals being more “generative” than others, by engaging in more generative activities. While generative acts can be performed at any time in life, including prior to adulthood, most theorists believe that the primary phase of generativity does occur in adulthood (Cohler, Hostetler & Boxer, 1998; de St. Aubin, McAdams, Kim, 2003; McAdams & de St. Aubin, 1992). Generative acts that occur prior to mid-life are viewed as a desire for generativity, with the higher levels of generativity occurring in middle and late life (Cohler, Hostetler & Boxer, 1998).

McAdams and de St. Aubin (1992) also suggest that Erikson gives too little emphasis to cultural influence; Erikson sees generativity as a change that is primarily motivated by, and accomplished within, the self. As an alternative, McAdams & de St. Aubin suggest that generativity is a dynamic phenomenon, encompassing seven features that are experienced at varying degrees throughout adulthood. These features are organized around the personal and cultural goal of providing for future generations.

McAdams and de St. Aubin's (1992) theory begins with what motivates people to become concerned about the next generation. They hypothesize that a major source of motivation to be generative lies outside the individual, in cultural demand. In some way all cultures expect that an adult will contribute something significant to society. This role is often fulfilled as a "parent, teacher, leader (or) organizer" (McAdams & de St. Aubin, 1992, p. 1006); individuals who do not make this contribution by mid-life are considered out-of-sync with societal expectations.

McAdams and de St. Aubin (1992) also place motivational emphasis inside the individual. They contend that inner desire, described as a "need, instinct or drive" (p. 1006) also accounts for generativity. Individuals seek to create something outside the self as a means of developing a legacy. This need to create a legacy may draw on a desire to defy death and continue one's symbolic influence on future generations. McAdams and de St. Aubin speculate that the inner desire to be generative also stems from a deep need to be needed by others. Described as a desire to nurture, care for, and love, this need is a powerful motivational force to create and maintain relationships, and to fulfill a desire to take care of society as a whole.

McAdams and de St. Aubin (1992) speculate that both inner desire and cultural demand motivate generative acts, but these factors must combine with a fundamental belief in the goodness of humankind to lead to generative action. A person must be able to look past human indecency, violence and other atrocities and believe that the continuation of the human race is worthwhile. By believing in humankind, one can more selflessly commit to future generations. Without this fundamental belief in humankind, generative action would seem purposeless and insincere.

Motivated then by a belief in humankind, inner desire, and cultural demand, individuals act generatively by creating, maintaining, and offering (McAdams & de St. Aubin, 1992). Generativity may also be expressed in behavior that involves “conservation, restoration, preservation, cultivation, nurturance or maintenance” (p. 1007). As McAdams and de St. Aubin point out, these behaviors may be related to raising children, although they may also be expressed in relation to other acts that give to the next generation, such as protecting the environment or protecting cultural or religious tradition. Generative action may also take the form of offering or “passing something or someone on to the next generation as a gift” (p. 1007). Often this takes the form of rearing children. The parent nurtures (the need to be needed) and molds the child in his or her image (the building of a legacy), eventually allowing the child to develop into his own person and to offer his own gift to society.

McAdams and de St. Aubin (1992) conceptualize the last dimension of generativity as the creation of a personal narrative. Based on earlier work by McAdams, they assert that human beings fashion a life-story, or personal myth, that defines their identity. Each person’s narrative incorporates aspects of his or her past, present, and anticipated future. Throughout adulthood generative themes are woven into a person’s narrative as he or she constructs a legacy to leave to future generations. This narrative “provides life with unity, purpose and meaning” (p. 1007) and is essential to healthy psychosocial development in middle and later life.

Despite McAdams and de St. Aubin’s reconceptualization of generativity, there continues to be some criticism of the concept. Cohler, Hosteler & Boxer (1998) point out that Erikson and subsequent investigators have focused primarily on middle-

and upper-middle class, well-educated participants as a basis for understanding generativity. They question whether generative concern is as compelling in other samples. For example, when resources are scarce and individuals struggle to attain those resources, it is possible that providing for the next generation is a less salient concern, at any point in life. These authors also assert that generativity may ultimately be tied to raising a child and they see any acts of generativity unrelated to children as a redirection of a blocked need (Cohler, Hosteler & Boxer, 1998).

The Connection between Childcare and Generativity

Hawkins and his colleagues (1995) argue that looking at parenthood from a developmental perspective can have important implications for how we interpret the father's participation in childcare, by considering childcare in terms of generativity. They claim that increased participation in childcare should result in the experience of higher levels of generativity. Providing empirical evidence for this argument, McKeering & Pakenham (2000) studied childcare involvement and generativity among 134 White, heterosexual, middle-class, cohabitating parents residing in Australia. Results from their study indicated that the level of a father's involvement in childcare was correlated with generativity, with the performance of more childcare tasks being related to the expression of more generative acts and attitudes. In their analysis, the authors hypothesize that fathers' parenting that crosses traditional gender boundaries (e.g., "feminine, social-emotional caring" such as comforting children when they are upset) may be particularly generative. They also found that a mother's involvement in childcare was not related to higher levels of generativity. McKeering & Pakenham (2000) and Hawkins et al. (1995) contend that a mother's childcare

does not necessarily lead to the experience of generativity because her involvement in childcare is expected by society; also a mother is biologically predisposed to generativity through the investment necessary to carry a child to term for nine months and breastfeed following childbirth. Fathers, however, have a more “voluntary” commitment to the child: their involvement is not biologically required (conception is not considered a large investment of time or energy) to have the baby, and their participation in the feeding and direct care of the child is also viewed as voluntary. A heterosexual father is not genetically predisposed to generative acts simply by having a child; instead, he must actively choose to physically care for his child in order to promote generativity in himself.

Generativity in fathers results from the investment of time, as well as psychological and physical energy involved in caring for a child. The question remains, however, of how this commitment of resources develops into the expression of generative acts, while indirect commitment, such as a traditional “breadwinner” ideal of providing financial support, does not. Hawkins and his colleagues (1995) reason that generativity occurs by socialization of the father to his new role. They argue that once a child is born, fathers often feel confused and afraid. These feelings result from the loss of an egocentric and instrumental existence, a change the father was not psychologically prepared for. At this point the father may either devote himself to the physical and emotional care of his child (a nurturing, pro-generative stance), or he may return to a more egocentric position which may include indirect care for the child, such as providing economic support, as in the breadwinner concept of fatherhood.

Given that investment in childcare may lead to the expression of generative acts for fathers, it is understandable that gay men would be drawn to the experience of being a parent. Society does not expect gay couples to have children, as is the expectation for heterosexual couples. The substantial investment of resources necessary for gay couples to “have” a child in and of itself is a powerful expression of their wish to contribute to the next generation. Their commitment is further evident from the fact that gay fathers must make a deliberate decision to care for a child; this decision signifies an understanding that one is giving up a more egocentric existence to devote care to another. In addition to making this commitment, gay fathers must often convince adoption or surrogate agencies that they are ready to make this transition in life. This process should translate into gay fathers being less likely to be “mixed up” or “scared” after the child is born. Most gay men who have chosen fatherhood would have already resolved several dilemmas prior to the birth of the child, and would as a result be better prepared to act in generative ways.

The Present Study

There are several reasons to believe that a gay father's experience of parenthood may be similar to, as well as different from, the experiences of a heterosexual father. At this time, however, very little research attention has focused on understanding the experiences of the growing number of gay men who are choosing to become parents. Using qualitative methodology, the present study investigated several elements of a gay father's experience. This study provides a rich, detailed account of the experiences of gay men who choose parenthood. Specifically,

- 1) I explored how gay men conceptualize their role as fathers and investigated the extent to which partners view parenting responsibilities as equitably distributed.
- 2) I examined the experiences of these fathers regarding discrimination associated with sexual orientation and gender (i.e., being a male primary provider) and how these experiences shape their understanding of being a parent.
- 3) I investigated what motivates a gay man to parent, and why it is especially important for some gay parents to have a biological connection to their child(ren).
- 4) I examined gay fathers' perceptions of their relationships to their children. Specifically, I compared and contrasted the experiences of men who are biologically related to their children with the experiences of those who do not have a biological relationship to their children.

CHAPTER III

METHOD

Participants

The subject pool consisted of two sets of ten gay couples. Participants in Group One were ten cohabitating, male homosexual couples who are the parents of at least one child under the age of twelve. The decision to have a child was made in the context of the current same-sex relationship, and the child was biologically related to one member of the couple. Participants in Group Two were ten cohabitating, male homosexual couples who adopted at least one child under the age of twelve. The decision to adopt the child was made within the current same-sex relationship. Participants in Group Two were matched as closely as possible with participants in Group One, although this was not entirely possible.

Given the debate over the fluidity of sexual orientation, “homosexual couple” refers to a dyad in which each individual has chosen to live with a person of the same sex, whom he identifies as his primary partner.

Participant Recruitment

Recruiting participants for this study proved to be extremely challenging. Although I used a number of methods to find people, there was notable hesitation on the part of many families to participate in the study. When I spoke to people about their reluctance, or the reluctance of their friends, to participate, it seemed to be due to one of two factors: (1) real-world time constraints, and (2) a hesitancy to participate in research of such a personal nature. In terms of time, many potential participants have young children and live in urban settings where the demand of work and family

preclude taking on extra activities. Asked to donate two hours of time to be interviewed was difficult to justify when there are children to feed, houses to clean, or spending time with one's partner. The second factor had more to do with a reluctance to participate in research that seemed so personal. I believe much of this has to do with a fear of gay parenting being portrayed as negative. In many ways these men are pioneers of something that many people may find uncomfortable or disagree with, and they anticipated inherent risks in sharing their stories. Furthermore, the subject matter and content of the research focused on the discussion of intimate parts of their lives, a process that is difficult without the assurance of acceptability. Furthermore, many of the potential participants grew up in an era when the mental health field viewed homosexuality as a mental illness, a fact that may have had some impact on willingness to participate in the study. Interestingly, people who have conducted research in the lesbian community have told me that there appears to be less resistance, even a willingness, to participate in psychological research. Perhaps members of the lesbian community have seen the positive effect that research can bring to the community (and there is considerably more research in the area of lesbian families) and have been more embracing of it over the years.

The participants who were a part of this study were generally extremely enthusiastic about their involvement. Many went out of their way to find time in their busy schedules to meet with me, and no participant was unwilling to answer all of the questions that I posed. Several people remarked that some of the issues were things they had considered, while other issues were new to them. Several wondered openly how their partner had responded to my inquiries. I expect that, when I left their homes,

many conversations ensued about some of the issues raised in the study. One couple wrote to me two weeks after my visit to thank me for the interview and to let me know that they would be more than happy to speak to me again if it became necessary. Most expressed an interest in reading the results of the project.

Participants for the study were recruited over an eighteen-month period beginning in September, 2005. Several of the participants were recruited from the Family Pride Coalition (FPC). FPC is a national, non-profit organization which was founded in 1979 by a group of gay fathers and has grown into one of the largest support organizations for the LGBT family community. FPC sponsors various forms of public outreach, including an electronic newsletter which is distributed monthly to approximately 35,000 recipients. The research/outreach director agreed to include a synopsis of this study and a request for participation in the electronic newsletter. Twelve families responded to this request for participation, and ultimately five families participated in the study. Around the same time, I placed postings for the study in forums on Craig's List regarding parenting and queer issues. Although I did not recruit any families from Craig's List, it was a helpful source to learn about some of the challenges and issues affecting parents. Participants were also recruited from the Lesbian, Gay, Bisexual and Transgender Community Center in New York City. Flyers about the study were placed on various community boards around the Center, and the Center staff members were informed about the study. This effort resulted in the participation of one family. The Center was, however, an important source of information about same-sex parenting, in that I attended the monthly meetings of men planning to have children biologically. The group proved to be an invaluable resource

for learning about the technical and emotional journey involved in the surrogacy process. People spoke frankly about the ups and downs associated with every aspect of the process and were open to sharing their practical and emotional experiences. The group sponsored several speakers throughout the year (e.g., a surrogate who had been through the process, a reproductive specialist, a lawyer specializing in reproductive issues, etc.), as well as an annual panel discussion that drew close to one hundred potential fathers. The biological fatherhood group was attended by men in all stages of the process of creating a family, and seemed to function not only as an information source, but as a way for gay fathers to build a support community. Some men were in the initial information gathering stages of the process, while others were awaiting the birth of their child. During the time that I attended the group, three families became pregnant and one family went through the process of their child's birth. Interestingly, the group was not composed solely of couples. Each week there was at least one (often two or three) men who were planning to have children as single parents. In informal conversations with these men, the motivation to parent seemed so strong that they were willing to face the additional challenge of having a child as a single parent.

In addition to these sources, I attended two gay life exhibitions, speaking to several surrogacy and advocacy agencies to recruit participants. I was also able to recruit participants from other sources. For instance, while attending a summer training program about structural family therapy, one of the presentations focused on work with families headed by same-sex parents. After the discussion I spoke to the presenter about my project and she connected me with two couples who ultimately participated in the project. Interestingly, very little snowballing occurred during the

study. At times, parents would provide me with contact information for other gay families whom they knew, but this rarely resulted in the recruitment of additional participants.

Detailed Participant Description

All of the fathers in this project have been given pseudonyms to protect their identities. In certain instances, information about specific careers, ages, and geographic information has been left intentionally vague, or has been changed, to protect identity. Fathers who created their families through surrogacy have been given names beginning with letters from the beginning of the alphabet, whereas fathers who adopted their children have been given names beginning with letters from the end of the alphabet; a list of these names and the method of creating their families can be found in Appendix L.

Fathers in Families Created Through Surrogacy

Adam and his partner Bob have been together for about twenty years, after meeting in their early twenties. Adam identifies his partner, Bob, as his first "serious relationship." Adam's family is from South America. He was born and raised in the Southern portion of the United States, where he describes difficulties being gay. Adam came out of the closet in college and now feels that it is important for him to be openly gay. Adam is a self described academic and professor who teaches in the math and sciences. He describes an "excursion out of academia" that made him financially secure and changed his "family dynamic" considerably. Adam is the known seminal donor of the couple's fraternal twins.

Adam's partner, **Bob**, is a musician who writes music, and about music, for a living. He is originally from the East coast of the United States. Bob reports that his parents had a difficult time when he came out of the closet, although he did not describe any other difficulties related to being gay. Ultimately his parents have accepted his sexual identity and he reports that having children has brought him closer to his parents. Adam and Bob now live in a large city on the East Coast and both are in their early forties.

Carl, Greg's partner, describes himself as "easygoing and easy to talk to." He is from a Latin American family and was raised on the East Coast of the United States. He lives with his partner, Greg, in a semi-rural area of the East Coast and the couple has been together for seventeen years. Carl is in his mid-forties and describes a close relationship with his family. He states that he "never really came out" and he does not discuss his sexual identity with his family or co-workers. Carl is the seminal donor of their son.

Greg, Carl's partner, is from a Latin American background and is in his mid-thirties. He is from a large, close, family and finds that family has always been an important part of his life. Greg came out in his late teens, but describes a difficult process that included ending a relationship with a woman he had been dating for some time. He reports that his family was, and continues to be, supportive of his sexual identity.

Eric, Frank's partner, works in the financial service field and is in his mid-forties. He and his partner, Frank, have been together for twelve years. The couple currently lives in a semi-rural, affluent area of the East Coast. Eric states that he was

raised in a traditional family on the East Coast. His family was not "particularly welcoming to gay issues," and reports that they "just sort of tolerate" him and his gay brother. Eric came out in his early thirties and was engaged to a woman before coming out as a gay man. He describes himself as completely disclosing of his sexual identity. Eric is the known seminal donor of the couple's twin girls.

Frank, Eric's partner, was raised on the East Coast in a Greek Orthodox family. He is in his early-forties and has a career in the financial field. He describes an extremely close connection to his family of origin. Initially, however, his family reacted negatively, when in his late twenties, he disclosed that he was gay. He reports that his family initially had "a very violent reaction," but that his family quickly "came around" and now is embracing of both his children and his partner, Eric.

Harry, Doug's partner, was born in the Mid-West to a religious family. He describes himself as "extremely generous of heart, someone that humor is very important to, your sort of average guy." He is close to his family of origin, reporting a particularly strong bond to his younger sister. Harry came out of the closet during graduate school and says that he is fairly disclosing of his sexual identity, although he reports that as an actor, it is sometimes better for him to remain ambiguous about being gay. He and his partner, Doug, have been together for seventeen years. The couple does not know the paternity of their child.

Doug, Harry's partner, is originally from the West Coast and went to graduate school in the South. He believes these experiences, as well as moving to a major city on the East Coast are formative in terms of the person he is today. Doug is a professor in the social sciences. He describes his family as "a bunch of crazy people" and that

his relationship with them "completely depends on the day of the week." He reports that they are supportive of both his partner and their son, and that any problems with his family do not stem from his sexual identity. Doug came out of the closet in his late teens and describes a positive experience overall.

Ian, Jack's partner, is in his mid-forties and works in the mental health field. He and his partner, Jack, have been together for 24 years. The couple lives in an affluent, suburban area on the East Coast. Ian shared with me that his brother, who was twelve and a half years older than him, had been murdered. He believes that his brother was murdered because he was gay and that this created "[a negative] picture for me about what it was like to grow up gay." He also describes being "teased" because of his gender atypical behavior at an early age. Ian reports that he did not have a very close connection to his family of origin (both of his parents are deceased), but that he was able to find support from Jack. Ian and Jack do not know the paternity of their daughter.

Jack, Ian's partner, is in his mid-forties and works in the health care field. He reports that "being the only Jewish kid, of divorced parents ... and then being gay," as major formative events in his life. He believes that these factors contributed to him being "a quieter, lonelier person," earlier in his life. Jack describes a close relationship with his family, and they are supportive of his sexual identity. He reports that "I don't think I had a bad experience coming out" and he is completely disclosing of his sexual identity.

Fathers in Families Created Through Adoption

Xavier, Zack's partner, is in his early forties and comes from a "very religious" family. He reports that when he came out in his early twenties, his sexual identity affected his relationship with his family. While his family has grown to accept him and his partner of twelve years, Zack, he reports that his parents "keep on praying and hoping [my sexual orientation] will change." He includes switching from a for profit business career to a non-profit organization among the most formative events in his life.

Zack, Xavier's partner, is in his mid-thirties and works in both real estate and interior design. Zack moved to the United States from a country in Asia when he was ten-years-old. His parents decided to move to America to "give the family a better life." Zack reports that the transition was difficult, his parents were forced to work long hours and he and his siblings were often left to take care of themselves. He believes that this "makes me work really hard as a person and that is how I got where I am today." Zack reports that when he came out to his parents, it was "like a knife in their heart." Eventually, however, his family grew to accept his sexual identity and they are now an active part of his life. Xavier and Zack live in an affluent suburb on the East Coast.

Will, Victor's partner, describes coming out in his early twenties as one of the major events in his life; he found that "it was a total transformation of my life, how I was living, how I looked at the world, how I looked at myself and how I interacted with people in the world." He reports a "good" relationship with his family of origin and with his partner of 22 years, Victor. Will is currently retired from a career in

dentistry; he is in his early fifties. Will and Victor live in an affluent suburb on the East Coast.

Victor, Will's partner, is in his early forties and works as a hair stylist. He is from a Middle Eastern background and describes a close connection to his mother, his sister and one of his brothers. He reports that his family had a hard time accepting his sexual identity and his relationship with Will; in fact, he states that it has taken his mother twenty years to finally accept him and his partner. He now describes his relationship with his mother as "wonderful." One of Victor's brothers "chooses not to speak to me because he cannot deal with my gayness."

Paul and his partner Sam have been together for fifteen years and live in an affluent, semi-rural area on the East Coast. Paul works for a large company in New York City and is in his early forties. Paul was born into the Southern part of the United States and describes a difficult childhood. He reports that both of his parents were alcoholics (his mother passed away several years ago) and believes that led to an emotional distance from them that has remained throughout his life.

Sam, Paul's partner, is in his early forties and has a career as a physician, although he is quick to point out that he is also a father, a piano player, a woodworker, a dog owner and a gardener. Sam describes a "wonderful" relationship with his family of origin, although he reports some difficulty, lasting several years, after he came out to his family. He is fully disclosing of his sexual identity and is active in gay organizations and charities.

Quinn, Ray's partner, grew up in a military family that moved often during his childhood. Now in his mid-forties, he reports that he does not have a "strong sense of

geographic heritage." He describes a close relationship with his family (his mother is deceased) and found them to be accepting when he disclosed his sexual identity. He has been with his partner, Ray, for nine years; they live in an affluent, semi-rural area on the East Coast.

Ray, Quinn's partner, is in his early forties and works as a homemaker. Ray grew up on the East Coast and describes a particularly close connection to his father, who passed away recently. He reports having a "very difficult" relationship with his mother, who struggled with depression and alcoholism until she passed away ten years ago. Ray came out of the closet in his late teens and describes a positive experience; he is fully disclosing of his sexual identity.

Neil and his partner Tom have been together for seven years and live in a suburban area on the East Coast. Neil is in his late thirties and works as a homemaker and personal chef. Neil was raised in a close-knit Italian family and his family remains an active part of his life. He came out of the closet in his early twenties and reports a positive experience, including his parents who were supportive of him.

Tom, Neil's partner, is in his late thirties and work in the mental health field. Tom is from the first generation of an Eastern European family and he reports that this has had a strong impact on his identity. Although he considers himself close to his family, he describes them as emotionally distant. Tom came out of the closet in his late twenties, his sister reacted negatively to his disclosure, while his brother stated "considering I'm straight and you're gay, I guess I'm always gonna have one up on you for the rest of my life." Tom has not had a conversation with his mother about his sexual identity, although he is confident that she is aware he is gay.

Demographic Characteristics of the Fathers

The fathers in this project ranged in age from 35 to 50 years old, with an average age of 42. Fourteen of the fathers described their ethnicity as "white," two as "Puerto Rican," one as "Latino," one as "Middle Eastern" and one as "Asian." Six families have two children; four of the families have one child. Children ranged in age from five months old at the time of the interview to eleven years old. The average age of the children in this project at the time of their father's interview was 4.2 years old. Partners had been together between 6 and 24 years at the time of their interview, with an average of 15.2 years among all of the fathers. Reported individual incomes were specified as a range, and are represented in the table below.

1. Table: Individual Income of Participants

Individual Income Range	Number of Fathers in this Range
0-20,000	2*
20,000-50,000	3
50,000-70,000	0
70,000-100,000	2
100,000-150,000	6
over 150,000	7

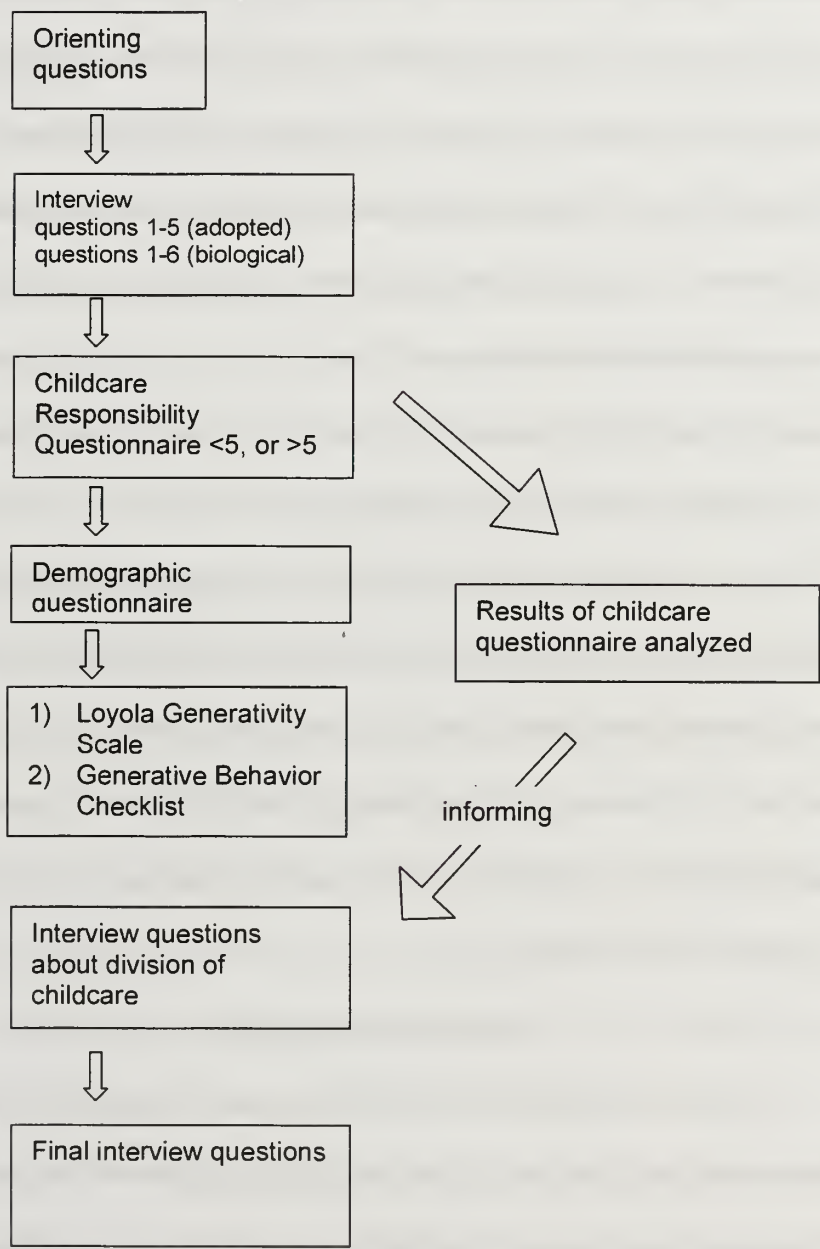
*both of these fathers reported their primary occupation as homemaker.

Procedure

Data collection involved: (1) an in-depth interview, (2) administration of the Parenting Responsibility Questionnaire, (3) administration of the Loyola Generativity Scale and (4) administration of the Generative Behavior Checklist, Adapted. The interview and questionnaire were completed in one session, at which time participants also signed an informed consent (Appendix A). Each member of a couple was interviewed separately. In the first phase of the semi-structured interview, each participant was asked a series of questions that were designed to assess how the

participant thinks about his role as a father, what motivated him to become a father, and how experiences of discrimination have shaped his understanding of being a gay parent. Prior to completion of the interview (after completion of questions 1-5 for participants with adopted children, questions 1-6 for participants with biologically related children), participants were asked to complete either the Parenting Responsibility Questionnaire for families with children under the age of five (Appendix B); or the Parenting Responsibility Questionnaire for families with children over the age of five (Appendix C). These parallel questionnaires had two goals: (1) to assess the overall role each father plays in his child's life by assessing his involvement in childcare, and (2) to understand patterns of care between partners, or how childcare is divided. Participants were then asked to complete a brief demographic questionnaire (Appendix D), the Loyola Generativity Scale (Appendix E) and the Generative Behavior Checklist, Adapted (Appendix F). While participants completed the demographic questionnaire, the Loyola Generativity Scale, and the Generative Behavior Checklist, results from the Parenting Responsibility Questionnaire were reviewed in order to tailor additional interview questions regarding how childcare tasks are divided between partners. For example, in a household in which one partner appears to take more responsibility for the direct, daily care of the child, I asked how this decision was made, what factors influenced this decision, whether the decision was explicitly negotiated, if these roles have shifted over time, and how the participant feels about the arrangement. Following these questions the remainder of the interview was conducted.

1. Figure: Schematic of Procedure



Semi-Structured Interviews

Three semi-structured interviews were developed: an interview designed for fathers with adopted children (Appendix G), an interview constructed for fathers who are biologically related to the child who is the subject of the interview (Appendix H), and an interview devised for fathers who are the non-biologically related partner in a family with a child who is biologically related to the participant's partner (Appendix I). Each interview began with a series of orienting questions and statements (Appendix J) that were used to place the information gathered from the interview in the context of the participant's life experiences. The remainder of the interview was centered on questions specifically related to the parenting experiences of these men. I asked participants to reflect on their understanding of parenthood, their motivations for becoming a parent, and how experiences with discrimination have shaped their understanding of being a parent. In addition, I explored the process through which each participant became a parent and asked him about his consideration about other pathways to becoming a father. Finally, I asked a series of questions designed to better understand how being biologically related to a child may, or may not, impact dynamics within a family.

Parenting Responsibility Questionnaires

Prior to completion of the interview, each participant filled out the Parenting Responsibility Questionnaire (Appendix A contains the Parenting Responsibility Questionnaire for parents with children under five; Appendix B contains the Parenting Responsibility Questionnaire for parents with children over five), designed to assess each participant's perception of the distribution of parenting and childcare

responsibilities. Activities assessed by the questionnaires include short-term tasks related to the direct provision of care for children, as well as broader aspects of childcare that are less amenable to direct measurement. Described as accessibility and responsibility domains in Lamb's (1986) tripartite formulation of parent involvement, these activities tap father participation that is often unmeasured in time-use studies. Each member of the couple rated his perception of childcare on a seven-point Likert scale. One extreme on the scale represents an activity in which the participant feels he is most involved, while the opposite extreme on the scale represents an activity for which the participant feels his partner is mostly responsible. Middle values on the scale represent activities that the participant feels are equally shared by both partners. Childcare domains were adapted in this investigation from Palkovitz's (1997) dimensions of involved parenting, Lamb's (1986) tripartite model of parenting, Barnett & Baruch's (1986) Child-Care Responsibility Scale, Crouter et al.'s (1987) Caring for a Baby Scale and Perry-Jenkin's (1997) Planning for Childcare Tasks scale.

Loyola Generativity Scale

The Loyola Generativity Scale (Appendix E) is a self-report scale designed to measure generative concern (McAdams & de St. Aubin, 1992). The scale asks participants to rate 20 items on a 4-point Likert scale. These items are related to: (a) passing skills and knowledge to the next generation; (b) concern about making contributions to one's community, neighborhood, and society; (c) performing acts that will be remembered for a long time and have a lasting impact; (d) doing things that show caring and responsibility for other people and (e) aspects of creativity and productivity. The Loyola Generativity Scale measures generativity as a continuous

stage and not as a discrete phenomenon as originally proposed by Erikson; furthermore, childcare is not viewed as the primary means of expressing generative concern. The scale has demonstrated low correlations with social desirability, has shown high internal consistency (Cronbach's alpha of .83), and high correlations to other scales designed to measure generativity (McAdams & de St. Aubin, 1992). As discussed in the Limitations section, data from this scale are not included in the final version of this project.

Generative Behavior Checklist, Adapted

The Generative Behavior Checklist was developed simultaneously with the Loyola Generativity Scale (McAdams & de St. Aubin, 1992). The Generative Behavior Checklist is a 50-item, self-report measure. Items on the scale are designed to measure engagement in everyday behaviors that are suggestive of generativity, and focus on the behavioral manifestations of generativity, such as: creating, maintaining, and offering. Eleven items (out of the original 50 items) with the highest correlation to the Loyola Generativity Scale in McAdams & de St. Aubin's (1992) study of generativity, will be used as an adaptation of the Generative Behavior Checklist (referred to as the Generative Behavior Checklist, Adapted). Participants are asked to rate the frequency with which they performed each item during the previous two months. As discussed in the Limitations section, data from this scale are not included in the final version of this project.

Data Analysis

All interviews were audio-recorded, and verbatim transcripts of these recordings were prepared by myself and two trained research assistants. Initially,

transcripts were organized by individual interview questions. Transcripts were then read and reread to identify overall themes and patterns in the data. Specific attention was given to potential differences in the experiences of fathers who created their families through surrogacy, the experiences of those who created their families through adoption, and to differences between fathers who were biologically related to their children and those who were not. Next, larger themes were considered and incorporated into the overall analysis. Finally, the research assistants associated with the project, including one former research assistant, discussed the overall findings.

CHAPTER IV

THE PROCESS OF SURROGACY

The following section contains information I gathered about the process of surrogacy as it relates to gay men who wish to have children who are biologically related to them. This information comes from a variety of sources including: my attendance at various meetings and panel discussions, informal interviews with representatives of surrogacy agencies and advocacy groups, discussions with reproductive specialists and lawyers, the reading of books published about same-sex parenting, and information gathered from national organizations such as the Family Pride Coalition and the Human Rights Campaign.

Additional information was gathered from monthly meetings of men planning to have children biologically at the Gay, Lesbian, Bisexual, and Transgender Center in New York City, and discussion with the men that I interviewed for the study. Several of the parents and prospective parents whom I met through the study commented about the paucity of information about the process of surrogacy for gay men. It is a complicated and emotional process which requires knowledge of everything from legal aspects to methods for finding an appropriate surrogate. Currently, information about the surrogacy process for gay men exists, but in a limited and fragmented manner. This section attempts to aggregate the various pieces of information in a way that will allow prospective parents to understand the process more completely, so they can make educated decisions about their path to parenthood. The section begins with a discussion of basic terms essential to navigating the world of surrogacy, followed by information related to finding a surrogate and/or egg donor. A discussion of the legal

aspects of the surrogacy process follows, and the section concludes with a glossary of terms related to fertility and surrogacy.

When a gay man decides to have a child biologically, most often he does so with the help of a surrogate. Over the past decade the field of surrogacy has changed dramatically as a result of reproductive technology and a prospective father will find himself with a number of options in terms of the type of surrogate he chooses and the way in which he locates a surrogate.

Traditional and Gestational Surrogacy

Initially prospective parents must decide if they would like to work with a traditional or gestational surrogate. In traditional surrogacy, the surrogate acts as both egg donor and carrier. Generally this is achieved through artificial (intrauterine) insemination whereby sperm are isolated in a semen sample and injected directly into the uterus of the surrogate. Traditional surrogacy tends to be significantly less expensive than gestational surrogacy because prospective parents do not pay a separate egg donor fee, or the considerable costs associated with fertility treatments, additional legal fees, and other expenses associated with in-vitro fertilization. In traditional surrogacy the surrogate has a genetic connection to the child, which has personal and practical implications for both the surrogate and the prospective family.

In recent years advances in assisted reproductive technologies have made gestational surrogacy an increasingly viable option for the LGBT community, and gestational surrogacy now accounts for approximately 90% of surrogacy arrangements for gay men (Miller, 2006). In a gestational surrogacy the surrogate does not act as the egg donor. Instead a separate donor is selected and her eggs are surgically removed,

fertilized with the intended father's sperm in a laboratory, and implanted in the surrogate's uterus. In gestational surrogacy there is no genetic connection between the child and the surrogate.

Using a Friend or Family Member as a Surrogate

When beginning the surrogacy process, many prospective parents consider using a woman whom they know, often a family member or friend, as a surrogate. For many couples, there are distinct advantages to using a surrogate who is known to the family versus a surrogate who is unknown. For many gay families creating a family through surrogacy can be cost prohibitive. These costs can be mitigated by using a known surrogate who often acts on a voluntary basis or for a very low fee, making surrogacy a more financially viable option. Often the prospective parents have a long-term relationship with the woman who is acting as surrogate. They know her personality and have a level of trust and comfort with her. Furthermore, if pregnancy is achieved by traditional surrogacy, the genetic traits and characteristics of the surrogate will be passed on to the child, providing a level of information and knowledge that is not available when the surrogate is not previously known to the family. Another advantage is that a known surrogate is more likely to remain in contact with a family after the birth of the child. This contact can serve as a potential source of emotional support and can be valuable in terms of providing information about medical history. For example, if a traditional surrogate or known egg donor develops diabetes or heart disease in the future, the child's family will most likely be privy to this information. Finally, using a known surrogate can make it easier for both fathers to be biologically related to their child. This can be achieved when a sister, or

other close relative, of one partner acts as a traditional surrogate, while the other partner acts as sperm donor. It should be noted that a biological connection to both fathers can also be achieved by using a family member as an egg donor and an unknown gestational surrogate.

Although there are several advantages to using a known surrogate, there are also disadvantages. First, known surrogates tend to be older. Women who are egg donors tend to be in their early to mid twenties, while most women are not emotionally prepared to act as a surrogate in their twenties. Age is not a problem in gestational surrogacy; however, it can be an issue in traditional surrogacy because eggs should optimally come from women younger than age 29; the likelihood of successful fertilization significantly diminishes after this age. Although advances in reproductive technology can address this issue, additional procedures will increase the cost and time it takes to achieve a successful pregnancy. A second obstacle in known surrogacy has to do with the issue of proper screening. In a situation in which a surrogate is previously unknown to an intended family, the surrogate and egg donor undergo medical and psychological screening before the intended parents meet them, eliminating those who are not physically or emotionally able to become surrogates. In a known surrogate situation, requesting the same screening process can be awkward, and there is an increased possibility of accepting certain medical and psychological risks that may lead to problems down the road. Ultimately if the known surrogate is deemed unsuitable, or decides not to follow through with the pregnancy, valuable time has been lost, and a significant strain may be placed on the relationship between the surrogate and the prospective parents. Another potential downside to using a known

surrogate is that even close friends or family members may become challenged over the course of a pregnancy. Unanticipated psychological dynamics can come into play, leading to the possibility that a once solid relationship could be broken or destroyed. If the surrogate is a member of the family, additional complications from other family members may arise, including attitudes and feelings about the surrogacy, making the pregnancy and family dynamics difficult. Using a known surrogate may also complicate the issue of future contact between the surrogate and the intended family. In a known surrogate situation, the surrogate will most likely remain an active participant in the child's life, something that may not be ideal for every family. Many families choose surrogacy over domestic adoption largely because they do not want to create the possibility of a co-parenting situation, something that can be seen as either a benefit or risk when using a known surrogate. Finally, in an unknown surrogate situation, the prospective parents have a wide range of options in terms of egg donors and surrogate choices. These options allow parents to select preferable genetic traits and to select a surrogate who will maximize the potential of a successful pregnancy. These options are not available when using a known surrogate, which can potentially increase the number of complications, the cost, and the amount of time to achieve pregnancy.

Finding a Surrogate without an Agency

The second avenue to establishing a surrogacy relationship has been dubbed the "Home Depot" approach by some. In this approach the intended parents independently locate and coordinate a relationship with a surrogate and an egg donor in gestational surrogacy. Prospective parents often use the internet to find potential

surrogates and donors. There are various websites dedicated to the support of surrogates and donors, and many of these sites offer independent advertisements and websites dedicated solely to matching surrogates and egg donors with potential parents. Avoiding the fees paid to an agency is the primary advantage to independently locating and arranging surrogate and donor services.

While the independent approach can significantly reduce the cost of surrogacy, there are also several risks that must be considered. First, surrogacy is not legal in all states, and independent surrogates often reside in these states. Although this impediment does not make establishing a relationship impossible, it does introduce complications that can significantly increase the cost and time associated with achieving a successful pregnancy (e.g., increased legal, travel, and medical costs). Second, independent surrogates have not gone through the extensive medical and psychological screening that is required by an agency. Although independent surrogates will complete this type of screening at a later date, significant time and emotional energy may have been wasted if the surrogate does not then meet screening standards. Third, surrogates and donors who use the internet are generally well connected to the larger surrogacy community and often charge fees at or above "market rate" for their services, often negating a large portion of the savings generated by forgoing an agency. A fourth potential downside involves future communication with the surrogate. Although not always the case, communication with an independent surrogate generally terminates with birth. If an agency manages the process, it is usually possible to maintain contact with the surrogate. Although some parents may wish to maintain minimal contact with the surrogate after birth, it can be helpful to

maintain contact to remain abreast of developing medical information. Fifth, coordinating the process of surrogacy and pregnancy is extremely complex. Everything, from the legal aspects of surrogacy to coordinating medical appointments, becomes the responsibility of the prospective parents and the surrogate during a time when they may best devote their energy to other aspects of the pregnancy, adding stress to an already delicate relationship. Finally, most surrogates have altruistic motivations for becoming surrogates. Many report a strong wish to help people who cannot create a family without their assistance (Melissa, personal communication, April, 2007; Minette, personal communication, April, 2006). They may be personally motivated by someone close to them who had a bad pregnancy experience, or they may simply enjoy the process of pregnancy (Minette, personal communication, April, 2006). Melissa, who acted as a gestational surrogate for one gay couple and is in the process of another surrogacy with two gay men, explained that pregnancy "is such a rush, [she] could do this all the time." Furthermore, she stated that after her first surrogacy experience, "As soon as (the pregnancy) was over, I knew it was the right thing to do ... sign me up again" (Melissa, personal communication, April, 2007). Prospective parents may worry that a surrogate is motivated primarily by financial means, and that surrogacy is akin to "buying a baby" (see Menichiello, 2006, for a gay father's perspective on this issue). While most surrogates are generally not motivated by money, the likelihood of finding a surrogate primarily motivated by financial aspects can be higher when locating a surrogate independently, because agencies try to avoid surrogates who are only looking for money.

Finding a Surrogate with the Assistance of an Agency

Prospective parents may also choose to use an agency to manage most, if not all, of the aspects around the pregnancy. While a major drawback of using an agency is the cost associated with its services, these costs can be somewhat offset by the savings in time. In addition, surrogates who contract with an agency often do so at a lower fee than many independent surrogates; this can also help to reduce the overall cost to the intended parents. Among agencies, there are different levels of involvement; some are concerned only with finding an egg donor or surrogate, while others provide full-service guidance through the entire process, from medical referrals to legal matters. As can be expected, the more services that the agency provides, the higher the cost to the prospective parents.

When choosing an agency, prospective parents must consider a number of factors. At the outset, the prospective parents must assess an agency's comfort in working with same-sex couples. Every aspect of the process can be an indication of the agency's willingness to work with gay parents, including the attitudes of obstetricians, embryologists, nurses, and office staff.

Every agency is different in terms of the services it offers and the way staff members handle the overall process; becoming informed about the services, operating philosophy, and fees associated with an agency is important to most intended parents. The intended parent may ask how long an agency has been in business and how long staff members have been working with same-sex couples. Intended parents should ask about the ways in which the agency locates and screens potential donors and surrogates, and how much of this information is made available to the intended

parents. Prospective parents are often interested in the average length of time it takes to match with donors and surrogates, and may ask the agency about the number of successful pregnancies the agency coordinates each year. The prospective parents should also know how the agency handles a surrogacy that is not completed, either because of miscarriage or the surrogate changing her mind, and whether or not the agency refunds any of the associated fees to the intended parents in the event the surrogacy arrangement does not result in childbirth. The prospective parent may also wish to know if the agency has a post-birth contract with traditional surrogates or egg donors. Finally, many agencies offer, or have referrals available for, psychosocial support dealing with issues surrounding the process. Although intended parents may not see the need for this type of support at the outset of this process, support can be helpful in managing particularly stressful times, especially when unexpected situations arise during the surrogacy process.

The Surrogacy Process in Detail

Most intended parents have questions about the process of locating and using a full service agency. While not all parents will use a full service agency, many of the questions and issues that pertain to locating an agency pertain to all families.

Timeline

From the initial planning to the birth of the child the surrogacy process generally takes between 15 and 18 months. In the first months, the intended parents select an egg donor and surrogate, and establish contact with an agency if they choose to do so. When the parents use an agency, both the donor and the surrogate will have undergone medical and psychological screening before they meet with the intended

parents. Otherwise, this screening takes place in the first few weeks following the selection of the donor and surrogate. It generally takes about two months for the egg donor and surrogate to synchronize their cycles and begin the process of fertilization. A number of factors, including the age of the donor eggs and the health of the donor sperm, influence the time to successful fertilization. Success rates for the first attempt at fertilization hover between 60-70%; by the second attempt the success rate is as high as 90%. Rarely does successful fertilization require more than four attempts.

Initial Research

Before contacting an agency, most prospective parents familiarize themselves with the type of services offered by the agency. This research can take place on the internet or by contacting agencies directly for information. Final selection of an agency often depends on several factors including location, cost, and services available. This is an important decision, as the chosen agency will become an integral part of the intended parents' lives for the better part of a year. Over any other factor, many parents report that they have an instinctual feeling for the agency with which they eventually contract.

The Initial Consultation

After identifying agencies that fulfill most of the intended parents' criteria, the next step is to arrange an initial consultation with the agency or agencies. This meeting provides an opportunity for all parties to meet each other and for prospective parents to learn if surrogacy is the best route to creating a family for them. Depending on the area of the country in which the prospective parents reside, it may be possible to locate an agency that deals specifically with same-sex couples (e.g., Circle Surrogacy in

Massachusetts and Growing Generations in California). During the initial meeting prospective parents may ask to meet with doctors, nurses, medical assistants, embryologists, mental health professionals, and other people involved in the process. Although not often the case, there are agencies that refuse to work with gay or lesbian clients because of religious, moral, or ethical concerns, while other agencies may place significant limitations on the services they offer to same-sex clientele. It is important to note that agencies are not legally obligated to offer services to same-sex clients. Finally, prospective parents should be aware that most agencies place a cap on the age of the intended parent; in general, the older partner may not be older than 55 and the younger no older than 50.

Sperm Analysis

During the initial consultation or soon thereafter, an agency will recommend that the sperm donor leave a semen sample for analysis if this procedure has not already been ordered by a physician or done beforehand by a fertility specialist. At the same time the sperm donor is generally tested for HIV and other sexually transmitted diseases that could endanger the health of the surrogate. The sperm analysis will identify the health of the sperm according to three characteristics: morphology, motility, and the concentration of sperm in the sample. Morphology refers to the shape of the sperm heads in the sample. To determine morphology, sperm are stained with special dyes and examined under a microscope. In recent years computer assisted semen analysis (CASA) has been developed and involves using a computer to compare the intended parent's sperm to a reference database of "normal" sperm. Sperm are classified as being normal, having abnormal heads or abnormal tails, or being

immature germ cells; a reproductive specialist verifies the results in the event of abnormal results.

A normal sperm has a single, uncoiled tail, an oval shaped head, and an intact middle section. Sperm with abnormal heads fall into several categories: those with small heads (microcephalic), those with large heads (macrocephalic), and those with no heads. Sperm heads may also be considered abnormal if they are teardrop in shape (pyriform), tapering, or if there is more than one head on a sperm. Sperm tails are considered abnormal if they are less than half of normal length, or if they are coiled or bent. Though sperm may have up to four tails, they are considered abnormal if they have more than one tail. Although most samples contain abnormal sperm, the fertility specialist is looking for unusually high levels of abnormality that could significantly impact fertility.

Motility, the second characteristic of sperm, reflects the percentage of sperm that are moving in the sample and thought capable of achieving fertilization. Motility is generally assessed once and then at hourly intervals for up to 24 hours. Motility over 40% is generally considered within reproductive range. Motility may also be measured in terms of motility density, with counts under 8million/ml considered problematic; such samples may require reproductive technology to achieve a successful pregnancy. Although most samples contain some degree of abnormality, this does not mean that the man providing the sample will be unable to achieve successful fertilization. The reproductive specialist looks for a high degree of abnormality that may make fertilization more difficult.

Contracting with an Agency

After the results of the sperm analysis and STD testing, the prospective parents generally sign a retainer agreement to continue working with an agency. The next step is to create a personal statement and photos that are shown to potential surrogates. The intended parents will also begin to specify their preferences regarding egg donors and surrogates; these preferences may be as broad or specific as the prospective parents wish, although more restrictive criteria may result in a longer period to match the prospective parent with a donor or surrogate. Preferences might include working with a more experienced surrogate (with more than two successful pregnancies), working with a surrogate who lives in a particular geographic area, or a surrogate of a particular age.

Egg donors are also asked to provide a profile and photographs, which are made available for review by the prospective parents. Prospective parents may specify preferences such as eye color, intelligence, family history of illness, etc.

Matching with a Surrogate and Egg Donor

A full-service agency may also provide a selection of screened surrogates. In addition to medical screening and a criminal background check, surrogates also undergo personality testing which includes a history of trauma to ensure that they can withstand the psychological implications of pregnancy and give a child to the intended parents after birth. After the prospective parents have selected a possible surrogate, the agency will set up a meeting between the parties. Because finding a good surrogate match is a deeply personal decision for everyone involved, this meeting is essential,

and provides the prospective parents and surrogate an opportunity to determine if their personalities and goals are compatible.

While there is wide variability in terms of what ultimately creates a successful surrogate match, there are some commonalities that most prospective parents search for. First, from a medical perspective, it is beneficial if the surrogate has carried at least one child successfully to term, ideally without a history of complications or miscarriage. This is also important psychologically, because a surrogate who has had her own child has first-hand knowledge of the emotional and physical ramifications of childbirth. Second, a surrogate should not have a current history of drug or alcohol abuse. She should also be willing to abstain from nicotine and caffeine use during the course of the pregnancy. Some prospective parents will specify in the surrogacy contract that they have the right to perform testing for the presence of drugs, alcohol, nicotine or other potentially harmful substances during the course of the pregnancy. The surrogate must also sign a consent to release the results of these tests to the intended parents. Finally, the surrogate should not have a current history of mental illness, including depression, which could have an impact on the pregnancy or the surrogate after the birth of the child.

In addition to the medical aspects of a "good" surrogate match, it is important for the surrogate have an adequate support system. If she is married or has a partner, it is important to know how the partner feels about surrogacy. It is also helpful if the surrogate's family members support her decision. Should complications arise, these support systems can help her handle problems, and reduce the likelihood that she will be overly reliant on the prospective parents for support. Although these aspects are

difficult to assess, open discussions with a potential surrogate can give the intended parents an idea of her social system and whether this system will help, or hinder, the surrogacy process.

Prospective parents often consider the a surrogate's motivation as one of the most important factors in the process of evaluating a potential surrogate. An open conversation between the surrogate and prospective parents is generally the most direct means of assessing motivation, although the surrogate's financial situation at the time can provide an indirect means of assessing her motivation. From fertility treatment and interruptions in work and family life to possible complications related to a pregnancy, surrogates go through much duress, physically and emotionally, and most of these women expect to be reasonably compensated. For some surrogates, however, the motivation is largely financial. Although some intended parents may feel comfortable with a surrogate whose motivation is primarily financial, such surrogates tend to ask more for their services and are more likely to back out of a surrogacy arrangement. Surrogates motivated primarily by altruism occupy the other end of the spectrum. These women tend to be friends or family members who are acting as surrogate for the prospective parent. While there is often no problem, a surrogate acting purely out of altruism may experience difficulty when it is time to give the baby to the new family. This difficulty can be somewhat ameliorated when financial compensation is a part of the process. For most prospective parents, then, finding someone whose motivation lies somewhere between altruistic and financial is ideal.

Establishing a Trust or Escrow Account

After the intended parents find a surrogate, a trust or escrow account is generally established to pay for all expenses related to the surrogacy process (i.e., agency fees, payment to the surrogate, medical expenses, insurance costs, etc.). Some agencies manage this account themselves, while others may wish to have a lawyer control payments from the account. An escrow account assures the surrogate payment, and the prospective parents are not expected to take on the significant time commitment required to pay medical expenses, surrogate fees, and cost of living expenses.

The Fertilization Process

After a surrogate and donor are contracted and all legal papers have been signed, it is time to begin the process of fertilization. From the intended father's perspective this involves providing sperm. Generally, this requires providing fresh sperm to the surrogate for approximately three days while she is ovulating. This is the extent of the prospective father's biological and medical involvement in the pregnancy.

In gestational surrogacy, the egg donor and surrogate must be on the same cycle. Cycles are synchronized using a GnRH agonist, a reproductive hormone that essentially "turns off" the reproductive cycle to allow synchronization. The donor is then given a follicle stimulating hormone (FSH) to help her eggs grow and mature. About a day and a half before her eggs are retrieved, the donor will be given a final medication, human chorionic gonadotropin (Hcg). Finally, her eggs will be retrieved by inserting a small needle into the vagina and removing the eggs. At the same time, the surrogate will also be taking hormones to control her cycle. These medications

generally include Leuprolide (Lupron) to suppress ovulation, estrogen to help her body prepare for implantation and pregnancy, and progesterone to help maintain pregnancy. Between three and five days after the donor's eggs have been fertilized with the intended parent's sperm, the fertilized eggs will be implanted into the surrogate. Pregnancy can be confirmed about two weeks after this procedure.

Legal Issues

Whether creating a family through adoption or through biological means, gay men must work carefully with the legal system to create their families. Laws regarding adoption and surrogacy vary widely from state to state, and it is essential to be well versed in state law, both in the state in which a child is born and where the family will reside. It is also essential to note that laws and legal contracts applicable in one state may not be enforceable in another. Most families hire a lawyer who specializes in adoption or reproductive issues to guide them through the process. This section focuses on the key legal issues that a lawyer will help prospective surrogate parents to address, as legal issues related to homosexual adoption have been covered extensively elsewhere. (For examples of resources on homosexual adoption, see: McGarry, K., (2003), *Fatherhood for Gay Men: An Emotional and Practical Guide to Becoming a Gay Dad*; McWhorter Sember, (2006), *Gay & Lesbian Parenting Choices*; or Curry, H., Clifford, D., Hertz, F., (2005), *A Legal Guide for Lesbian and Gay Couples*. See also: <http://gaylife.about.com/od/gayparentingadoption/a/gaycoupleadopt.htm>, retrieved 7/27/07, for states that allow gay adoption.)

Overview of a Lawyer's Involvement

Lawyers can be involved in almost any aspect of surrogacy or adoption, from locating gestational carriers, egg donors, or adoptees, to drafting legal documents related to creating a family. At the most basic level a lawyer will organize background checks; arrange pre-birth orders or second parent adoptions; draft gestational carrier, ovum donation, embryo donation, and sperm donation contracts; and handle any insurance appeals. A lawyer may also set up an escrow account to pay for surrogacy related expenses, and coordinate medical and psychological testing. A lawyer may also locate potential donors and gestational carriers, although this is less common.

The primary purpose of a lawyer is to establish legal contracts that guide the surrogacy process. In many contexts a contract, signed by all involved parties, represents a written confirmation that all parties understand the terms put forth in the contract. The contract and its terms are legally enforceable. When it comes to surrogacy, only parts of a contract are legally enforceable. The precedent established by *Roe v Wade* (410US113, 1973) maintains a woman's right to make decisions about her body; therefore, she is the ultimate arbiter of decisions affecting the pregnancy. For example, even if a contract specifies that an embryo that has been determined to have Down Syndrome must be aborted, if the mother decides she is no longer willing to abort the baby the contract is not enforceable. In this situation, however, it is unlikely that the intended parents would be required to keep/adopt the baby. Although legal contracts may only be partially enforceable, they are still essential. These contracts help both parties to think through important issues and serve as a "roadmap" (Brisman, 2006) to guide prospective parents and surrogates.

Laws Related to Surrogacy

Compensated Surrogacy

Several states treat traditional surrogacy and gestational surrogacy differently, particularly when it comes to compensation. At this time, only four states – Arkansas, California, Illinois (gestational surrogacy only), and Massachusetts – explicitly allow surrogacy contracts in which a surrogate is compensated; New Jersey and Washington allow only uncompensated surrogacy arrangements. Eleven states and the District of Columbia have laws that specifically restrict or prohibit surrogacy arrangements by not allowing unmarried couples to enter into a surrogacy contract. States restricting surrogacy arrangements include Florida, Nevada, New York, North Dakota, Texas, Utah, and Virginia. Michigan and Nebraska prohibit the compensation of surrogates, and Indiana and Louisiana prohibit traditional surrogacy. The remaining 34 states have unclear laws or precedents surrounding surrogacy contracts.

Uncompensated Surrogacy

In traditional surrogacy a friend or family member often acts as the surrogate, and financial compensation may not be an issue. This leads many prospective parents to believe that a legal contract is not necessary. In reality, the legal process surrounding surrogacy helps both prospective parents and the surrogate to think through important issues. Working through a legal document helps both parties to consider questions such as: (1) What will be done if the embryo is determined to have a genetic disorder? (2) Will reduction be used in the case of multiple fertilization (to prevent the birth of more than a single child)? or (3) What happens if the prospective

parents decide that they do not want the baby? In most cases, the surrogate and the prospective parents will benefit from having separate, independent, legal counsel.

Gestational Surrogacy

Laws pertaining to gestational surrogacy in which the surrogate does not have a genetic connection to the child are more solidified. In these cases parental rights are less likely to be challenged; there has never been a reported case in which a gestational surrogate has won custody over the child she has carried (Brisman, 2006). Although most prospective surrogates fear that a surrogate will change her mind, of the 15,000 surrogacy arrangements that were reported through 2002, only 23 were contested by a surrogate wishing to obtain custody; in fact, a majority of challenges to surrogacy arrangements came from 65 intended parents who changed their minds (Snyder, 2007).

Contracts in the Surrogacy Process

Ovum Donor Contract

The first type of contract with which prospective parents will need to familiarize themselves is an ovum donor contract. This contract establishes legal issues such as confidentiality and the anonymity of the egg donor; to whom the eggs and resulting embryos belong, should an intended parent wish to freeze embryos for future fertilization attempts; parental rights; obligation to disclose medical information, both immediately and in the future; responsibility for medical expenses related to egg donation; and liability resulting from egg donation. Generally, an ovum donor contract may be cancelled at any time by the donor until she begins injectable medications. After this point, the contract can only be cancelled for medical reasons.

From a legal perspective, fewer complications arise when using an anonymous egg donor. In this situation, the egg donation contract should specify that the donor will terminate any rights related to the child resulting from her donation, and she will not know the name(s), address, or other identifying information about the prospective parents. When the egg donor knows the prospective parents, there is some risk that she may change her mind about contacting the child or family at a later date. There is also a risk that she may seek custody of the child in the future.

Sperm Donor Contract

Although sometimes overlooked, the partner (or partners) providing sperm for the pregnancy must have a will in place. The will should specify a guardian, who usually is the non-biological partner, for the child in the event something happens to the biologically related partner during the pregnancy process.

Carrier Contract

In both traditional and gestational surrogacy, a carrier contract must also be in place. At a minimum this contract covers parental rights, custody issues, expected location of delivery, an agreement by the surrogate not to engage in intercourse while conception is attempted (to assure paternity), the intended parents' right to name the child, specification of future contact between the surrogate and prospective parents, and health and life insurance coverage. The contract details financial obligations, including both the surrogate's compensation and expenses, which may include lost wages as a result of the pregnancy, child care, funds for maternity clothes, and housekeeping services during the final days of pregnancy. In those states that do not allow financial compensation of a surrogate, living expense-related obligations such as

maternity clothes and childcare may be viewed as compensation, and prospective parents may face financial penalties (but no custody related penalties) if they provide any payments for these expenses. In these cases, all compensation related to the pregnancy must be given as a gift and would be subject to gift-giving tax legislation (currently \$12,000 per year).

A surrogate contract should also encompass key medical issues. At the most basic level the surrogate agrees to follow all medical advice. This raises the concern of which party will choose the obstetrician who oversees medical aspects of the pregnancy. Often a surrogate may have an obstetrician with whom she feels comfortable working, and this may be agreeable to the prospective parent(s). Sometimes, however, prospective parent(s) wish to choose the obstetrician, as the obstetrician can have considerable influence over the pregnancy. An obstetrician may deal with issues surrounding the surrogate's health and the decision to abort a pregnancy if warranted. Many of the issues that can arise, such as aborting a fetus with medical complications or reducing the number of embryos, will be covered in a contract. Ultimately, though, the surrogate will be making these decisions with the help of her obstetrician.

Surrogate contracts often make explicit expectations about prospective parents' attending key medical appointments with the surrogate, and about their presence in the delivery room on the day of birth. The contract may also cover breastfeeding and milk. Some surrogates are willing to breastfeed a newborn immediately after birth, and/or provide milk for a specified period of time (if the surrogate lives in a geographically distant area from family, there are companies that will ship the milk on dry ice). If the

surrogate agrees to this condition, it should be explicit in the contract. The contract should also cover financial aspects related to insurance coverage and payment of medical bills, including bills that fall outside the coverage of insurance. The contract should spell out the intended parent's responsibility for all financial matters related to the child. Lastly, this contract will also involve conditions about the surrogate's behavior during pregnancy, including her agreement to refrain from the consumption of alcohol, drugs or nicotine, to attend routine medical appointments, and to disclose any events that may complicate pregnancy (such as accidents).

It is important to emphasize that outside of the legal realm, pregnancy is an organic process that is not always predictable. Placing too many restrictions, or qualifications, in a contract can frustrate both surrogates and prospective parents. Sample surrogacy contracts (designed for heterosexual couples) may be found, on the world wide web, at www.surrogacy.com/legals/gestcontract.html or www.everythingsurrogacy.com/cgi-bin/main.cgi?test (retrieved 7/27/07).

Establishing Custody Rights

In addition to ovum and surrogacy contracts, a gay couple will also have to establish custody rights for the parent who is not biologically related to the child. Otherwise, the non-biologically related parent has no legal ties to the child, meaning that he cannot make medical decisions or school decisions for the child, and he cannot take guardianship should something happen to the biologically related parent.

Pre-Birth Orders

Most states view the woman who gives birth to a child as the child's mother, and she is automatically placed on the child's birth certificate. The biological father is

not placed on the birth certificate, unless he is married to the surrogate (who in the court's eye is the mother). This means that the surrogate, whether traditional or gestational, will be placed on a child's birth certificate and be the only person with legal custody of the child. In order to establish legal custody, both the biological and non-biologically related fathers must petition the court to adopt the child, although their names will not appear on the child's birth certificate.

In Massachusetts and Pennsylvania, however, couples can petition the court for a pre-birth order. A pre-birth order petition should generally be started as soon as possible after the third trimester of pregnancy (Brisman, 2006) and allows the names of both fathers' names to appear on the birth certificate, making adoption by both fathers unnecessary. In a pre-birth petition several arguments are made to the court. First, the surrogate, recognized by the court as the child's mother, gives up her custody of the child, essentially, making the child "parentless." Second, the prospective fathers argue that adoption proceedings can take a significant amount of time to complete (up to two years) during which time the child is unnecessarily deprived of the rights and protections afforded by legal custody. Third, same sex couples should not be denied the rights held by heterosexual couples. This right is guaranteed only in California, Vermont, New Jersey, Hawaii, Maine, and Connecticut, which have civil union and domestic partnership acts, or in Massachusetts, which allows same-sex marriage, on the premise that children born to domestic partners should be considered children of both members of the partnership.

Post-Birth Domestic Partner or Second Parent Adoption

If it is not possible to arrange a pre-birth order to establish legal parenthood, an adoption by a second parent, or co-parent must be arranged to establish the legal rights of the parent who is not biologically related to the child. In such cases, the non-biologically related father petitions the court to adopt the child, thereby establishing joint custody. The court then decides if the adoption is in the best interest of the child. In general, a court will assess whether the adoption will create any change in the child's daily life, if the adoption allows important legal rights and protection for the physical and emotional wellbeing of the child, and if the adoption brings the child additional financial security. At times, the court may request a home study before rendering a decision; some states require a home study, although a few states allow judges to waive this requirement.

The length of time needed to complete a second-parent adoption varies from state to state, and from county to county, and depends both on state requirements for adoption and the caseload in the courts (Brisman, 2006). In cases in which adoption may take some time, parents can enter into a "parental acknowledgement agreement," which establishes the fact that both the biological and non-biological parents intend to parent the child; this agreement may or may not be legally enforceable.

In California, Connecticut, Illinois, Massachusetts, New Jersey, New York, Pennsylvania, Vermont, and Washington D.C., appellate court judges have granted second-parent adoptions, although only California, Connecticut, and Vermont have statutes that clearly allow second-parent adoptions. In several other states, trial court judges have granted second-parent adoptions, although these rulings are county

specific. Colorado, Ohio, Wisconsin, and Nebraska have ruled that second-parent adoptions are not permissible, though Nebraska will recognize second-parent adoptions originating in other states. In certain states, which allow civil unions or same-sex marriage, it is generally beneficial to be married before beginning the surrogacy process. Legalizing the prospective parents' relationship to each other affords significant advantages such as access to each other's health care, property protections for the new family, and elimination of the need for a second-parent adoption because both partners will be recognized as legal parents.

States Without Pre-Birth Orders or Second-Parent Adoptions

In states such as Oklahoma, where a pre-birth order or second-parent adoption is not available to same-sex couples, the parent who is not biologically related to the child will have no legal status in regard to the child. In this situation the legal parent will need to have several documents in place. First, a document that identifies the non-legal parent as a guardian of the child is essential. This document should be specific as to the nature of the relationship and the reason and circumstances surrounding guardianship. Second, the legal parent will have to give consent to allow the non-legal parent to make healthcare decisions for the child. Third, both parents will need to coordinate with the education system to establish parameters for the non-legal parent. This includes permission to access school records, pick up the child from school, and make education-related decisions for the child.

Other Legal Issues

After the birth of a child, parents are also entitled to time off from work under the Family and Medical Leave Act. This act specifies that if a legal parent's employer

has over fifty employees, if the parent has worked for the employer for over one year and has worked at least 1,250 hours in total, then that employee is eligible to take off 12 weeks during a one-year period. This law does not cover non-legal parents or parents awaiting second-parent adoption rulings. Time may be taken all at once, or over the course of the year, although the employer should receive 30 days notice of leave. Although the employer is not obligated to pay an employee for this time (except in California, which requires paid leave), the employee is assured his job, or a similar one, when he returns from leave.

Important Terms and Concepts

Navigating the world of biological childbirth can initially seem like a daunting task. There are many terms and concepts that are helpful to understand before beginning the process and will help a prospective parent make informed decisions along the way. This section contains an introduction to basic terms which prospective parents will likely encounter during the surrogacy process. The beginning of the section provides basic terms. The latter portion contains more detailed terms, and has been divided into sections specifically related to: hormones, typical procedures in the surrogacy process, biological/physiological terms, terms related to sperm and sperm analysis, and other terms.

At the most basic level a *surrogate* is someone who carries an embryo to term. There are two types of surrogates: traditional and gestational.

In *traditional surrogacy* the woman carrying the child to term is also the egg donor. The egg is generally fertilized using artificial insemination, and in this case the surrogate has a genetic link to the child. In many cases, traditional surrogates are friends or family members.

In *gestational surrogacy* a woman other than the person carrying the child to term acts as an egg donor. The donor's eggs are then fertilized with the intended parent's sperm, and the embryos are transferred into the gestational surrogate's uterus. In this case, there is no genetic link between the surrogate and the child. Gestational surrogacy is generally the most common option among LGBT parents, accounting for approximately 90% of all cases (Miller, 2006).

In vitro fertilization, or IVF, refers to the process of fertilizing an egg outside of the female body. In this procedure eggs are surgically removed from the uterus, placed in a test tube or laboratory dish, and mixed with sperm from the intended parent. The fertilized egg, or eggs, are then implanted in the surrogate's uterus, generally with a catheter.

Intrauterine, or artificial, insemination (AI), is a treatment in which only donor sperm are handled. A semen specimen is washed to isolate sperm and then injected into the uterus. This is the method generally used in traditional surrogacy unless other circumstances (for example, the age of the surrogate, or quality of donor sperm) require the use of assisted reproductive technology.

Assisted reproductive technologies (ART) refers to any fertility treatment in which both sperm and eggs are handled. It does not refer to intrauterine insemination, in which only the sperm are handled.

Additional terms and concepts related to the surrogacy process can be found in Appendix M.

CHAPTER V

THE EXPERIENCES OF GAY FATHERS

The following section contains information collected during the past eighteen months from my interviews with gay fathers. A semi-structured interview format was as a guide for these fathers to tell their stories. For many this was their first opportunity to think about their journey to parenthood in an organized fashion, and several expressed their enthusiasm that their stories will be shared with a larger audience. This section highlights the similarities and differences in these men's stories as they discussed both the triumphs and the obstacles in becoming and living as gay fathers.

The section begins with an exploration of how these men conceptualize their role as parents, followed by a discussion of their motivations for becoming parents; finally, the fathers reflect about experiences with discrimination.

Conceptualization of Parental Role

Becoming a father through adoption or surrogacy is a complicated and lengthy process for gay men in which planning often begins years before a child comes into a family. Gay men may experience both subtle and overt discrimination in their pursuit of creating a family. Given these obstacles, a deep emotional commitment is required on the part of a gay father, resulting in a strong sense of the roles and responsibilities of parenting long before the birth or adoption of a child.

While there are some ways that fathering may be different for gay men, a gay father's conceptualization of fatherhood is clearly rooted in historical notions of what

it means to be a father. When I asked the fathers in this study to reflect on the roles and responsibilities of fathering, several characterizations emerged: the father as moral guide and disciplinarian, the father as nurturer, the father as provider or breadwinner, and the father as sex-role model.

Father as Moral Guide

John Demos (1982) and Michael Lamb (2000) discussed the historical roots of a father's duty as a moral guide, and described the father as a "moral compass," responsible for the physical and moral health of the family. Many of the fathers with whom I spoke went into great detail about their function as a role model and moral guide for their children. As Eric explained, "I think the biggest thing is instilling a sense of right and wrong and important morals... You need to be a good role model and friend." Carl mirrored this sentiment, stating that his chief responsibility as a father was to "guide [my children] toward a good career, help them feel stable and keep them out of trouble. Try to figure out exactly what they want to be in life and try to guide them toward that. Being a role-model." Other parents were less explicit, but discussed how their own interests and careers provide a template for their children. For instance, Bob, a father of fraternal twins, discussed his love of music and the way in which he could educate his children about his interest: "I mean music is important in my life and I want to at least offer them music in their lives, just like science and math are important to my partner, so he talks to them about that." This concept of father as a guide clearly illustrates historical notions of a father's responsibility for the physical and moral health of his family. Although this was not viewed as the sole responsibility

for fathers that the men in this project cited, it was a prominent feature in many of their narratives.

Father as Nurturer

Several fathers discussed their role as nurturer to their children. This aspect of fatherhood is similar to the “nurturing father” ideal that emerged from the social changes of the 1960’s and 1970’s (Lamb, 2000). The “nurturing father” emphasizes active involvement in all aspects of childcare, including those more traditionally associated with “mothering” (Lamb, 2000). Even when not discussed explicitly, there was a tendency among these men to view a significant part of their role as a parent in terms of emotional availability and nurturance. For Victor, beyond any other sense of being a father, he believes that "giving love and affection and just giving part of yourself to another human being...is the basic instinct of being a parent." Bob feels that providing a nurturing environment, "the feeling of comfort and security...to give them the love that they need when they want it or need it" are "the obvious things...the part [of parenting] that just seems obvious to me." Often fathers viewed being a good nurturer as providing a safe space in which their children could grow without placing restrictive demands on them or expecting them to have carbon copies of the father's interests. For example, Sam stated, "I am letting my kids take chances and make their own mistakes. I see that as part of nurturing, totally nurturing, letting them grow and giving them opportunities, giving them chances to figure out who they are; that is a really big part of being a father." Similar to the conceptualization of the nurturing father that emerged in the late 1960s and early 1970s (Lamb, 2000), most of the fathers interviewed spoke of daily childcare, such as feeding their children or brushing

their hair, as a major responsibility of fathering. In most families this concept of fathering is shared by both partners and incorporated into an overall concept of being a father that includes others roles, such as financial provision, as well.

Father as Breadwinner

As discussed by Cohen (1987, 1993) and Thompson and Walker (1989), even in contemporary society, where both parents are usually employed to support a family, a father's primary responsibility is often viewed in terms of his ability to provide for the family financially. While this aspect of fathering was discussed by the men in this project, it was never cited as their primary role. Frank's response typified the other fathers' responses: "Well, I guess there is the financial part of it, you know taking care of my children by going out and bringing home a paycheck so that they can eat, go to school, etc....But, that is not really the heart of it; it is just a small part of who I am as a father. When I was growing up, that was the only thing that was expected of a father, the financial part. Either times have changed, or I just think about being a father differently. It is there, it is important, but it is not the only part of being a father."

Father as Sex-Role Model

Although they did not explicitly discuss sex-role modeling as a function of their parenting, it is clear that these fathers value the importance of their serving as sex-role models for their children. Lamb (2000) points out that the historical concept of sex-role modeling means providing a "masculine" image for children. In contrast, these fathers provide a less gendered, more androgynous sex-role model. With an expectation of nurturance, equal childcare task division of labor, and equal financial contribution, these men provide a template that differs from the traditional

conceptualization of father. While this is by no means a homosexual parenting phenomenon, the playing of multiple roles by these men provides an example of a different kind of father, one who is comfortable and capable in spheres that have traditionally been associated with that of "the mother" and that of "the father."

Blending the Roles of the Father

While the men in this study described their role as fathers in a manner consistent with historical notions of fathering, their understanding of being a father is not restricted to one concept of fatherhood. Instead these fathers embrace multiple roles as fathers, incorporating elements of traditional fathering into a complex, multi-faceted concept. As one father aptly put it, "I am not so much a father as a parent. While it is true that I go to work for my children and feed them, I also do those things that the mother would do. I see my role as both, and so does my partner." This blended style of parenting is a formidable task, especially when few models such parenting exist. Doug elegantly captured his experience: "The challenge is that there is no template for how to do this as two men...In some ways, maybe it makes it easier. By that I mean most people are brought up with the traditional idea of how to be a parent. The mother does everything, and the father does not do a lot. I grew up with that, but here we are, two fathers, so we can't both not do anything, and we don't want to do everything. It is something new that we have to figure out." This is not a new role for fathers. What sets it apart, however, is that the homosexual father is expected to incorporate the roles of moral guide, breadwinner, sex-role model, and nurturer into a cohesive concept of parenting.

Conceptualizing Parenthood without a Traditional Female Role-Model

One of the most visible aspects of a family headed by two men is the absence of a female role model. While families headed by single (divorced, widowed, etc.) men face the same dilemma, the choice to parent by two openly gay men challenges the traditional concept of the family and commonly provokes criticism or questions from people both outside, and within, the gay community. Given that gay men enter knowingly into this less traditional contract for a family, it is important to assess the extent to which they had considered the absence of a traditional feminine role model in the home and how they respond to the potential criticism they may face about this issue.

As it turns out, several of the men interviewed had considered the role of a feminine model extensively. Especially in families with female children, the fathers put considerable thought into creating an environment that provides female influence. They most often achieved this by actively incorporating relatives and friends into the family unit. As Frank explained, "It's a matter for us of keeping women close. They have their grandmother, their aunts, and their cousins, so there are plenty of women around, and that is important." Several fathers introduce female influence into the child's life by hiring a female nanny for childcare. Sam related, "We have a nanny we employ on purpose. We wanted to have a woman involved in raising our daughters, and this was one way to do that...When [my daughter] wants to paint her toenails, our nanny is doing that. I give a budget to my mother and tell her she's the fashion person. My relatives and my nanny compensate." The fathers did express some concern about

discrimination children may face without a female in the home. Will highlighted that even small things can remind the family about this issue. He said, "There are little things, like Mother's Day celebrations at school, which can be challenging, but we just have them do 'Grandmother' instead."

For other fathers the ongoing involvement of a biologically female role model is less important. Instead, they feel strongly that they are able to provide both a masculine and feminine influence without the ongoing presence of a female in the home. Ian eloquently stated,

I believe there are masculine and feminine parts of all of us, and I don't believe that our biological gender is exactly equivalent to our masculinity or femininity...I think that sometimes what people think that a child might need from a woman, she gets that very much in our house...She sees me interacting with little kids. She sees me being very patient. She sees me being very nurturing with her and with others. She sees the degree to which I love her and dote on her and take care of all her needs, and wipe her butt, and make her favorite foods, and do art projects with her. I think that all of those things are the things a mom would do, and she sees them in me.

Just as many gay fathers seem comfortable incorporating multiple roles of fatherhood, many also appear comfortable in roles that are traditionally considered masculine or feminine. Several of these fathers believe that their gender flexibility allows their

children adequate access to notions of femininity without the presence of a female in the home.

Family of Origin as a Template for Parenting

Notions about how to parent can come from a variety of sources. However, one's own experience of being raised can have significant influence on ideas of how to be an effective parent. In this project, I wanted to explore the experiences of gay fathers and examine how their experiences affect their philosophy of parenting. Remarkably, every father interviewed stated that his parents influenced his parenting style, although this realization might not have been so evident during the initial phase of his parenting. These fathers spoke especially about two ways in which their early life experiences impacted their own parenting style: Their own experiences either provided a template of how to be an effective parent, or their experiences led them down a different path, a template of "what not to do."

For Ray there was a direct correlation with his parents' style and his own. He turns to his experiences in his family of origin for inspiration when he feels particularly challenged with a parenting issue. He said, "In terms of a philosophical or intellectual template, absolutely...the vocabulary is different [but] I often reflect back on my childhood and envision the way my parents would have handled a situation." Quinn expressed that he does not consciously use his experiences as a template, but offered that "it is interesting to see how I interact with the boys and [my partner] and then think back to my mother and father, and realize how much of it has rubbed off on me and how much I am like my parents in middle age and as a parent." Other fathers believe that their childhood experiences provide a prototype of how not to treat their

children. Some spoke of cold or distant parenting styles, or a style in which there was an overemphasis on discipline. Paul reflected, "My father was an incredible absentee father all my life and very emotionally unavailable. I think I can count on one hand the number of times my father has said 'I love you' to me. I knew he did, but he was just very cold and unemotional at that level...They were not model parents by any means; they were both sort of wrapped up in their own things, and we were allowed to do our own thing...I am much more involved in my children's upbringing than my parents were in mine. I guess it is the anti-model, but definitely not a model for me."

Beyond their families of origin, the fathers in this project also look to other families as role models. Greg stated, "I look at other families and what is right and what is wrong, and I think I take that and adopt it to my own way. We get information from our own family experiences, but everyone we talk to, we try to get feedback from them and how they did things." Whether they view their childhood experiences as a model to emulate or to avoid, all of the interviewees seem to have drawn on their childhood experiences in finding their own parenting style. Although they differ from their parents in terms of sexual identity, these fathers' models of parenting are rooted not only in historical concepts of parenthood, but also in the personal history of their family of origin.

The Change in Parental Concept Over Time: Before and After Children

Given that gay men go through a lengthy process to create their families, it is important to understand how their concept of parenting may change over time. Specifically I was interested in learning about how they viewed parenting before a child became a part of their family and how having a child may have changed the way

they see their role as a parent. What evolved in the interviews was often a discussion about what had most surprised them about becoming a parent, both positive and negative.

Four of the fathers talked about the instinctual nature of parenting. They were surprised to discover their innate drive to care for a child that seemed to come from deep inside them. For example, Zack expressed, "I think it was a lot more organic than I think either of us realized just in terms of how quickly we connected with her and just how natural it all started feeling very quickly. I think there's some kind of instinct thing going on there, I don't quite understand what it is, but it just became very natural very quickly." Xavier mirrored these sentiments: "As soon as that baby is in your hands, your parenting instincts just totally come out." Interestingly, only the adoptive fathers mentioned this aspect of becoming a parent. It may be possible that adoptive parents experience some anxiety that they will not feel a connection to a child that is not biologically connected to them. On the other hand, fathers who create a child through surrogacy are involved in the pregnancy process from conception, for them there may be less of a "surprise" at the nature of their connection after the birth of the child.

In contrast to fathers who feel an immediate connection to their children, Bob, whose children were born through surrogacy (his partner was the seminal donor), discussed his surprise at the lack of connection he initially felt to his children. He said, "For the first six to eight weeks there is no love, there is no communication, there is nothing...There is not a smile, nothing. There is no bonding, the bonding thing you expect to happen does not happen. Not that I wasn't in love from the first moment I

saw them, but there's just no response, and I kind of freaked out." This difference in the initial experience of becoming a father may be a function of the child's age, as adopted children are often older when they enter a family. Although this was not explicitly discussed by any of the biologically related fathers, it may also be a function of expectation related to biological connection. Biologically related fathers may expect that a natural instinct to care for their child is a part of parenting, while adoptive fathers may feel surprise that this same instinct is generated by children who are not biologically related to them.

Several fathers shared how having a child had changed their priorities in life, beyond their initial expectations. Although there were the inevitable changes such as not being able to go out to dinner as often or not being able to take a particular vacation, Tom described, "The one thing I never expected, that you read about a million times, but you just don't know until the child arrives, is that you don't have the same life anymore...Your life is just not your own...Every trip, every plan, every weekend is all wrapped around this notion of parenting. It was a huge shift." Harry found that becoming a parent "puts a strain on your relationship. It sucks life. You have to be really creative around scheduling and energy levels. It was a surprise, just how much." Harry's partner also mentioned that having a child had "totally affected our sex life...You have a baby, and suddenly a lot of the energy, time, and appropriate opportunities for that are just gone. I don't regret having a child because of that, but it's something that is a big change."

Several men described experiences suggesting a clear expansion of the definition of self. This was reflected in a shift from seeing the world from a short-

term, "self-focused" perspective to a long-term, global understanding that incorporates the future needs of their children. As Todd related, "I worry about things I never thought I would have thought about, like the world. Suddenly I started to worry about what kind of world I'm going to leave these kids. I worry about what will happen when I am gone. You start thinking about stuff like that." This shift is not only a reflection of a change in perspective, but closely resembles concepts of generativity described by Erikson, McAdams, and de St. Aubin, as these fathers begin to look beyond themselves to the next generation.

For several fathers, becoming a parent created a profound sense of personal growth. Several described the process of parenting in relation to newfound knowledge about their own abilities and characteristics. For example, Victor related, "I learn from my children so much more than I teach them." He spoke extensively about feeling challenged to "do a lot of things that I have never done," and to experience "emotions and feelings that I did not think were possible." Sam also spoke about being surprised by the psychological ramifications of having children: "You hear from people about the emotions, but you'll never realize how deep the love is...My love for my kids is so much more than I could have imagined it would be...I just feel like I would die for them, which is weird because I don't know if I would die for [my partner], even though I love him deeply. It's just different." Interestingly, several fathers discussed a sense of feeling reconnected to their childhood and their family of origin. Ray stated, "having children is like a homecoming to me. It is a very intimate connection to where I was as a child and where my parents were. That has been a huge surprise to me...It has been a profound and deep learning experience regarding my own parents, my own

family and the way I was brought up." Quinn, an adoptive father, discussed a similar experience. He feels that watching his children grow helps him to reflect on his own personality as he watches aspects of his character being played out through his children. He further reflected that raising children has put him in touch with aspects of his own childhood that he had forgotten about, describing a sense of rediscovery through his children.

Virtually every father interviewed mentioned his surprise at the amount of work involved in raising a child. As Frank stated, "I knew it would be a ton of work, but it was more than I thought it would be. The work is considerable, or the way it changes your life, the impact on your life. It is more significant than I thought it would be...The fantasy is obviously cute and nice, you know, like, they never cry, or they cry at certain points when you can deal with it, but at times you get very frustrated and wonder if it is ever going to end." Although this sentiment was echoed to varying degrees in the responses of several fathers, when asked if the work would keep them from having children, none of the parents stated that they view the work as an insurmountable obstacle. One father explained that now that he knows what kind of work is involved, with the physical and emotional demands, he is better prepared and looks forward to having another child. Jack highlighted that a key difference between heterosexual and homosexual parents is the age at which they generally have children. Given the planning involved in childbirth for gay men, most do not have children until their mid-to-late thirties or forties. He explained, "I think one [surprise] is that I had no idea how physically exhausting it would be, the physical component. In terms of gay men, that is one thing that makes me somewhat sad, that I can't do some things

physically with my daughter. I'm 47. It is more difficult medically and financially for gay men to have kids, so in my experience they are having kids in their late 30s and 40s, and there is a reason why most people have kids in their 20s. It is a lot of work." Despite the work involved in parenting, every father was quick to point out that they were not complaining; they are merely surprised at the level of involvement. Doug aptly summarized the balance of work and reward involved in raising a child:

People are really good about telling you in advance about the hell that it's going to be, and they are really accurate about it. The sleep deprivation, the anxiety, the frustration -- they really capture that well, and are more than willing to share that with you, but what I don't think anybody was really able to convey was the other side of it and just that feeling that you have of looking at this person and knowing that they're a part of you and a part of your life and you're going to forever be creating life and creating this person to be in the world and the joy that that brings. Nobody was able to convey that to me ahead of time.

Embedded within the stories and the surprise about the amount of work these fathers experience is the realization of a significant shift from an egocentric existence to one that must accommodate the vast needs of another, highly dependent life. Although jarring, it is clear that these fathers prepared themselves to make this shift; despite some anxiety, the change proved psychologically rewarding.

Role Equality: The Division of Parental Responsibility in Gay Families

Before asking the participants to consider their individual roles as parents, I wanted to understand if they consider their partner's views of parenting as being similar to their own. Philosophically, there appeared to be little variation between partners in terms of the overall understanding of what it means to be a parent. Although information from the childcare responsibility questionnaires indicates that actual day-to-day responsibilities vary widely among these sets of parents, with some fathers assuming more childcare responsibilities than others, what is most striking among these fathers is an underlying assumption of equality regarding their responsibilities as parents. Even in situations in which one partner works long hours and is often away from the home, there is an understanding that when that partner is available, he participates in the daily aspects of parenting. For example, Paul, who has a daily commute of four hours and up to a 12-hour workday, stated, "I mean there is a fair amount of recognition when I don't do my share. He will let me know, and then I will do it. I think [my partner] is very focused on making sure things are equal." Ray echoed this assumption when he explained, "It all starts out with [my partner's] work. [He] has a serious career that demands a lot of time...so it is largely a function of time and not necessarily desire. When [he] wasn't working it was really very fifty-fifty in terms of taking care of the kids and the house." When clear differences between partners do exist in terms of childcare, they are attributed either to time constraints (human capital theory) or to personal strengths and preferences. For example, Bob expressed, "I'm more organized in keeping things neat and orderly, and he's more organized in terms of thinking ahead and planning major things. He's more clear-

headed about that than in terms of day-to-day details [where] he's a mess." These natural tendencies result in Bob's taking charge of more of the day-to-day childcare activities such as making food for the family and organizing the house, while his partner spearheads "financial planning and setting up education funds." Other couples have similar arrangements; however, all strive to divide the responsibilities of childcare, house-care and planning equitably.

Ultimately, neither human-capital theory (Duncan & Prus, 1993; Polachek, 1976, 1987), nor gender ideology theory (Stroh & Reilly, 1999; Hochschild, 1997), seems adequate to describe how gay couples divide childcare responsibilities. In couples where childcare is not divided equitably, human-capital theory accounts for how responsibilities are handled, but does not explain the philosophical stance that childcare should be divided evenly. For example, in the case of Paul and his partner, Paul's long hours at work mean that his partner assumes more direct care; however, both fathers are in agreement that tasks should be divided equally when possible, a stance not predicted by human-capital theory. At the same time, gender ideology theory, at least as it is currently formulated, does not explain these fathers' division of labor. Gender ideology theory predicts that tasks will become egalitarian when ideas about gender change. When asked explicitly if ideas about gender affected their division of labor, no father felt that gender had any impact. For example, Jay felt that "[my partner] is perhaps more typically "feminine" in the things that he enjoys, and he likes to brush [our daughter's] hair more than I do, or chose her clothes. That does not mean that he acts more like her mother, we both provide that. We both act like the mother and the father, we put a strong emphasis on that."

The Connection Between Gay Identity and Parental Identity

For gay men, creating a family through surrogacy or adoption requires a substantial investment of resources, both psychologically and in terms of time and money. This investment results in a cognitive adoption of the role of parenting that becomes a deeply entrenched part of the definition of self. In much the same manner, the concept of homosexuality requires a substantial cognitive commitment, resulting in a sense of "the self as a gay man." Given that these two identities exist for a gay father, I wanted to understand how these parts of the self interfaced, essentially how being a gay man affects being a father.

For some of these interviewees, recognizing their sexual identity coincided with a belief that they could not become a parent. Some had heard horror stories of gay men interacting inappropriately with children and had internalized homophobic ideals of gay men as pedophiles. Still others had an image of gay men as unfit parents, partially because of the idea that men cannot be effective caregivers and partially because of the discrimination children of gay families might face. Greg shared, "You hear so many stories about how gay people cannot be good parents, how they have no parenting skills." He explained that as he became older he started to question this assumption and realized that he could become a parent. "As I got older I started to think, 'Why can't we [become parents]? What is different between me and a straight couple?' What goes on in our bedroom, the kids can't see. So it is not like we are doing anything wrong. We're there for them, we give them everything they need just like heterosexual parents do. Single dads raise their kids and no one questions them. They don't have a problem with it, so why can't two gay parents do it?"

Several fathers feel that being a member of a minority group creates a certain understanding and openness to difference that is important to impart to their children. Victor eloquently surmised, "I think that because we are different from most of society around us, we are much more aware of prejudice. It is important to me that my kids will tolerate all kinds of differences and not judge anybody by what they do, how much money they have, what color skin they have and so on. This stuff is not important. What is important is simply that they are a human being." Quinn also feels that "being gay, you tend to think more about equality and not having biases and being open to a greater realm of possibilities. So, hopefully, that is going to rub off on my children as an approach to life." Although these fathers do not feel that this perspective is unique to gay families, they do feel that being a member of a minority group forces them to think through issues that other families may not face regularly. This inclusive spirit is something that they hope will become a guiding principle for their children.

As they thought about inclusion, these fathers expressed an acute sensitivity to and hypervigilance for possible discrimination toward their children. As gay men they are alert to the stigma attached to a gay identity and are concerned about how this stigma may impact their children. Oftentimes this concern led to significant life decisions such as determining a "safe" place to raise their families and choosing schools and camps that accept gays. As Frank explained, "I fear that the kids will have to deal with something that they normally would not have to, because I am gay." Several of the fathers echoed this feeling and many have gone to great lengths to "insulate [their] children from prejudice." In practical terms this often means living in

an environment, often urban or affluent, that is supportive of gay people and sending their children to schools and camps that are open to the idea of gay parents. Eric stated, "We are not going to use the public school system. It is a very Republican-oriented system, and I feel like that is a way of shielding the girls from any type of bad experiences." Bob reflected this same concern, and states that he and his partner are more comfortable sending their children to "a very earthy-crunchy and open school [where] there are not many issues [about having gay parents]."

Interestingly, this awareness of possible criticism leads some fathers to feel a pressure to become "super-parents" in order to shield their children. Three fathers explicitly referred to their need to "outperform" the average parent in terms of raising their family. Sam explained, "[I feel like] we are trying to be super-parents because we know that at some point, people are going to look down their noses at us because we are gay. 'Here are these gay parents' and 'Their children are dirty' or 'Their children are spoiled.' Anything that does not go right or perfect with our children, people are going to say it is because we are gay. I think we have to overcompensate for that." Neil echoed this sentiment: "I felt like I couldn't screw up, and I have to set a good example and do all the things that a parent is supposed to do. I felt like there may be added pressure because I wasn't just any parent; I was a gay parent and I felt that there may be added pressure, and I felt that we might be scrutinized a little bit more than your average dad...I still feel some of that pressure, but it is not as much." Although this pressure to be a "super-parent" may be a symptom of the earliest generation of gay parents, it is a pressure expressed by several fathers. As more gay men become fathers,

and homosexuality becomes more accepted, it will be important to observe if this pressure to be "super-parents" will remain for gay men.

Shifting Social Structures: Changes in Connection to the Homosexual and Heterosexual Communities

Bringing a child into a family creates a natural shift in social dynamics. From the perspective of a couple, the introduction of a third person into the family system creates the need for accommodation, changing the dynamics between the couple and creating a new focus of priorities for the family as a unit. This shift is generally accompanied by an external change as well. Families with children often begin associating with other families with children. Simultaneously, contact with single people and childless couples decreases. For families headed by gay men the shift in social dynamics is similar, with one remarkable distinction: for most gay families, the addition of a child dramatically increases connections to the heterosexual community while simultaneously decreasing ties to the gay community.

Loss of Contact with the Gay Community

Not surprisingly, bringing a child into a family unit creates new priorities, especially when a child is young and parents have less time to engage in activities outside the family. Many new parents lose connections with people outside their family, particularly with childless adults who have different priorities and different demands on their time. In the gay community where most couples do not have children or are single, the addition of children may separate gay fathers from the larger gay community. This was true of the fathers interviewed, in that many were acutely aware of the shift in their friendship network after the adoption or birth of their child.

As Greg explained, "It's hard when you have kids. When you have the kids, it becomes about you and the kids. But the friends you have before the kids, you completely lose contact with. We have no friends from that era at all, and we used to have a lot. It was a big part of our life." Although most of the fathers believe that the loss of connection with single gay friends has to do primarily with a difference in lifestyle, others wonder if there was a subtle message that, as gay people, they should not be parents. Paul stated, "Now I am completely unconnected to the gay community...I am connected to gay parents; that's it and that's a loss. We have some close friends who are of a generation older than us. ... We used to see them once or twice a week and now we have not seen them in six months. I think the whole idea of gay parents makes them uncomfortable at a certain level, and I think that is why we don't see them so much." It is likely that a number of factors influence a gay father's connection to the gay community, although for each of these fathers the shift was noticeable and significant. At the same time that ties with the gay community decrease, many gay fathers find themselves connecting more and more to the heterosexual community.

Increasing Contact with the Heterosexual Community

With the addition of children to their family, many gay fathers suddenly feel a commonality with heterosexual coworkers and friends that allows those relationships to grow. Paul eloquently detailed this shift in his life: "I think we absolutely have more heterosexual friends. One, I can identify with heterosexual people my age better now that I have kids. Most of my peers at work have children...I can identify with some of their issues in a way I could not before. I have a basis for having conversations with

them about life that I didn't before. It has allowed me to be more like them in ways that I was not before." Gay parents find support from other parents who are heterosexual, and their children begin to interact with other families headed by heterosexual parents. These connections lead to new relationships and facilitate more frequent and more personal connections with heterosexual communities than they had previously experienced.

Seeking Out the Gay Parenting Community

Although they enjoy their newfound bonds with the heterosexual community, several parents experience concern about their decreasing contact with gay people, and other gay families in particular. Many gay parents begin to actively incorporate other gay families into their lives, not only for support, but to provide role models for their children. Bob explained, "As a gay father I think the idea of community has become somewhat more important...Especially when the kids were younger, it was nice to have other gay families around. When they start to watch television and read books and everything is the prince and the princess, the mommy and the daddy and they say so-and-so has two mommies and so-and-so has two daddies, [having other gay families around] is very reassuring for me." Bob also feels that having a supportive network of gay families can be helpful if the kids encounter prejudice about homosexuality: "Our kids are not at the age where people go around saying 'fag' or 'that's so gay,' but when that comes up it will be more complicated, and I think it will be important to [have other gay families] around them." Sam talked about forming bonds to gay families early on in his children's lives to provide consistent role models for his children. He highlighted that, realistically, his kids will be immersed in a world

that is largely heterosexual, and therefore it is important to give context to their situation: "Between 40% to 60% of the people we seek out for play dates are gay families. We do that on purpose to give [our children] role models so they don't feel too bad. If you look at nursery school there are no gay parents there. If you look at primary school, I don't think there will be any gay parents there. That is just it. So we are trying to cement those relationships now so that our children don't feel estranged from the rest of the world."

The birth or adoption of a child inevitably creates a shift in social dynamics both within and outside a family. Given the small number of gay families, this shift may entail a decrease in contact with the gay community and increased contact with the heterosexual community for gay fathers.

The Biological Connection: Issues Specifically Related to Families

Created through Surrogacy

Deciding Who Will Be the Seminal Donor

Couples who create their family through surrogacy must decide who will be biologically related to the child. Among all of the parents interviewed, this was an important issue, one that required considerable thought and agreement between the partners. Interestingly, there was no one way in which the couples made this decision; instead each couple's process and solutions were unique and reflected the creativity and personalities of each family.

The Decision Not to Know Paternity

For two of the couples, the decision about the paternity of their children was ultimately left to chance; they flipped a coin. As Doug explained, "We do not know

who the seminal donor is, we both provided sperm. We decided pretty much right away to let chance determine the paternity of our first child. We will find out who is the biological father when we get ready to have another child, and for the second child we will just use the other person." Doug's partner further explained, "We did not want our friends or family to refer to [our son] as, 'Oh that's Doug's baby,' or 'Oh, that's Harry's baby.' It was important for us to establish that that was not going to happen."

Ian and his partner, Jack, came to a similar conclusion, although Ian initially had some doubts about keeping the paternity unknown. He said, "After [our daughter] was born, I think I had mixed feelings [about not knowing the paternity]. On the one hand I wanted to know; I wanted to know if she was mine biologically. After talking to Jack I understood the risks of that: the possibility that the other person might feel left out, that one person would be the biological parent and the other would not, that the child might have some sense of one parent being more connected and related to her than the other parent ... I was worried that if my daughter was mine biologically, this fact would really make my partner feel left out and make my daughter have even more of a connection to me and leave him out. So for all of those reasons, we felt like it was better that she does not know, and that we don't know either." The decision of these couples to keep the paternity of their children unknown reflects their fear that knowing the paternity of their child might affect their relationship with that child. For them, remaining unaware of which partner was the seminal donor protected the family from detrimental impact resulting from knowledge of biological paternity.

The Decision to Know Paternity

Carl and Greg, on the other hand, did not leave the decision to chance, in that it was clear to them who would be the seminal donor. Carl explained that he had been the one to initiate the discussion about having a child and seemed the most motivated to do so, and "we kind of assumed I was going to be the biological father. I don't know how we got to that point. It just happened that way. I guess there was always just the assumption that it was going to be me."

Does a Biological Connection Influence Relationship? A Gay Father's Perspective

Given that only one father can be biologically related to a child in a surrogacy situation (unless a family member, such as a sister, agrees to provide eggs to be fertilized with the other partner's sperm), one might wonder how the parents feel that the biological connection affects their relationship with their child. While most fathers interviewed were unconcerned about a differential influence on the parental relationship due to biological connectedness, several fathers did express some anxiety about the issue. For Bob the concern first surfaced after he and his partner made the decision to have his partner be the seminal donor: "When we decided upon this, I didn't really think it would matter to me. And then when we decided on it, I became very concerned that if he were the one who had a biological connection, it might affect the relationship between me and the kids...I would say I was very concerned about it. I would say at least until the kids were born. Then I was just too busy to worry about it." Now that his children are six years old, Bob feels that the biological connection "clearly makes no difference." He did share, however, a recent experience that brought the issue to light for his family. Bob's daughter was asking him about how people have

children, and in the course of this conversation she asked him, "Am I related to you by blood?" Bob and his partner agreed to be upfront with their children if questioned about this issue and the following ensued. "I said, 'Actually, you are not [related to me by blood].' She looked crestfallen. And I said, 'But, it's okay. Only Daddy and Papi could do it and we flipped a coin and it was Papi. But that doesn't mean I am not your father, and you didn't think I wasn't and so it doesn't matter.' It was intense. I was kind of dreading it and it just kind of happened and it seemed okay. She seemed okay with it." Frank, whose children were five months old at the time of the interview, seemed somewhat worried about the fact that he was not biologically connected to his twin daughters. He did not believe that he would treat them any differently, but worried that, "I hope I will never hear 'You're not my father,' or something like that. That would be just awful."

Although most of the parents stated that they do not believe that the connection made any difference, there were at least two indications that the biological connection may have some influence on relationships. Carl shared that although he and his partner seemed to have a similar relationship with their son, "[Our son] calls me 'Dad' and [he calls] Greg 'Uncle Greg.'" In addition to one parent being referred to as "dad" and one "uncle," Greg and Carl also display less of the equitable distribution of childcare responsibilities that one sees in other couples, Carl performs more of the childcare duties than his partner does. Still, Greg clearly plays an integral role in the lives of his children, and the influence of the biological connection seems subtle at best.

Members of other couples do not agree with each other about the impact of biological relatedness on parent-child relationships. Though Bob does not feel that

there is any difference in the way that he and his partner relate to their children, his partner Adam points out a difference in his relationship with his son due to his biological connection. Adam shared, "I think that it changes my relationship with [my son]. The reason is that [my son] is such a geek; he is such a chip off the old block, if I say so." Adam explained that while he recognizes elements of himself in his son that may have a genetic component, this does not influence his relationship with his son other than creating a desire to encourage complementary interests in his son. There are many factors that influence a parent's relationship with his children. While the biological factor may cause some anxiety for gay fathers, the overall concern about the differential influence of biological connectedness appears to be minimal.

The Motivation to Parent

Until recently, a tacit understanding that they would not become fathers accompanied most gay men's realization of their sexual identity. With shifting social values and new reproductive technologies, more and more gay men are finding it easier to become fathers. However, the journey to parenthood for a gay man remains difficult, often involving years of planning, substantial psychological and financial commitment, and experiences of discrimination associated with his gay sexual identity. Given these significant obstacles, why would a gay man want to become a father?

As discussed earlier in this manuscript, gay men would not be expected to differ from their heterosexual counterparts in terms of their motivation for parenting. The Eriksonian perspective views parenting as the fulfillment of a life stage: the achievement of generativity. Although the men in this project provided a variety of

reasons for their motivation to parent, many of their reasons were couched in the very terms that Erikson used to describe generativity (McAdams, Hart & Maruna, 1998). In particular, these men described their desire to parent as a drive, a need, the completion of a stage, or as a means of giving back to society.

Instinct

More than half of the fathers described their motivation to parent as an instinctual desire, often something that had been with them since childhood. Using terms such as "always," "need" and "instinct," they explained their desire to parent not as the result of a rational decision making process, but instead as a deeply felt conviction that is necessary to feel complete as an adult. For example, Eric finds that parenting "is just such an important factor of life. I have always wanted to have kids and knew that I would have them someday." Like many of the fathers, Sam describes parenting as something that was "in me," a feeling from an early age that his life could not be fulfilled without children. With most fathers there was a clear sense of emotional levity when discussing the desire to parent, although several grappled to find the words to describe their need to raise children. Despite the difficulty in articulating their thoughts, there was a clear sense that for many of these men parenting was an instinctual desire.

Life Stage and Cultural Demand

Interwoven with themes of parenting as an instinctual drive or need was the idea of parenting as the fulfillment of a life stage or as a means of psychological "completeness." Victor explained, "[Becoming a parent] was not forced on me. It was a natural stage in my life that, after I completed my relationship with (my partner),

then I needed to go to the next level; I always felt like this was the next level, to raise kids together. I just felt like my life would be more complete with kids and just because I am a gay man, I didn't feel like I should give up that opportunity." Closely mirroring Erikson's concept of generativity, most of the fathers who described parenting as the completion of a life stage, explained their desire in terms that expressed an instinctual component. For some however, this desire was expressed in terms closer to McAdams and de St. Aubin's (1992) expanded concept of generativity, rooted somewhere in cultural expectation. Adam reported, "I guess I always thought of it as a standard part of your twenties, or for your career. When I was six I did not know what a PhD was, but I knew I was going to get one and so it is sort of a life plan and parenting was an important part of that." In line with McAdams and de St. Aubin, several of the fathers see parenting as a means of leaving a legacy, or a part of the self that will endure beyond themselves.

Giving Back

For several fathers, most of whom created their families through adoption, the primary motivation for parenting is grounded in a desire to give back something to society. In speaking about his motivation for parenting, Zack explained that for him parenting is the ability to "provide an environment for a person that they are not able to envision themselves having. Based on [my] going to Asia all the time and [seeing] all of the poverty there, I know that every cent, every penny, helps a child. You might not think about that, but for me to be able to help a child unconditionally, there is no word to describe it. That is why I became a parent: to be able to provide a life that they were never able to have." Quinn also feels that a primary motivation for his parenting

is rooted in giving back, "One of the motivations is that as a middle-aged gay man you have this large wealth accumulation. It can be such a hedonistic life and wouldn't it be nice to focus your energies on something that is constructive and giving back ... to be able to pluck a child from a rougher circumstance and give them something different; that is a motivation."

Although the desire to give something back to society can be inferred from the narratives of fathers who created their families biologically, the adoptive fathers were far more explicit about their altruistic motivations. For the adoptive fathers this aspect was an important part of the desire to parent and a key factor in the decision to adopt children. Ian is one of the few biological fathers who views his desire to parent in unequivocally generative terms:

I think I always have wanted to become a parent. I felt like there could be no greater way to give something back to the world than to raise a child and to infuse that child with certain values and to love the child and to bring the child up to be a contributing part of society, so I always felt like it was almost incumbent upon me. I always had a sense of the life cycle, and about dying, and as my parents got older and were dying, it really struck me that it was going to be important to leave something for posterity and to give some of what I've learned and some of my wisdom and some of what I am as a person to pass on.

In this narrative, as with the accounts of several of the fathers, elements of an instinctual, inner desire, the need to give something to future generations, and the wish to create a legacy, are important parts of their desire to become parents.

Cultural Demand and Motivation Beyond the Self

When Mc Adams and de St. Aubin (1992) expanded Erikson's concept of generativity, they highlighted inner desire and cultural demand as motivational factors for generativity. They described inner desire as a "need," "instinct," or "drive," and these elements that are illustrated in the narratives of the men interviewed for this project. But, can cultural demand be a motivating factor in a culture that does not expect gay men to raise children? In fact, cultural demand does play a role in the stories of these men. The powerful political and social impact of their families is on the mind of several of these men. As openly gay men raising children, they are pioneers, laying the foundation for the next generation of gay men and women who wish to create families with children; in this manner their desire to have children reflects cultural demand from within the gay community. Zack eloquently explained the influence of cultural demand by pointing to his desire "to let people see that [gay people] can be good parents, [so that] the next generation of gay and lesbians having children will be accepted. There will be a lot more gay parents and children, and people will begin to accept gay parents a lot more and eventually society will accept us being gay and being parents...A big part of my having children lets society know that we are here, we can do this, and we are here to stay. They need to accept us for who we are." For Jack, the ability to serve as a role model for other gay families began almost immediately after the birth of his daughter: "I think for younger gay people we

are certainly role models...you have new connections with gay people that are very interested, like a young medical student friend of ours. He is extraordinarily interested in having a kid and we are able to act like his guide." Still others view raising children as a natural extension of the search for equality for all gay people. As Sam explained, "People talk about how coming out is good because it helps people to know someone who is gay. If it is someone they know, it is less likely they will be homophobic in the future. In the same way, when we come out as gay parents, I think it helps the gay movement or agenda. It helps in terms of equality." Although not foremost in their decision to become parents, these fathers have become important role models for the next generation of gay men who choose to create families with children. As Erikson defined it, generativity is about leaving something important for society, a legacy for the next generation. As the next generation looks back at the challenges, obstacles, and rewards shared by this group of gay fathers, they will be guided by the experiences of this generation of gay fathers.

Is the Desire to Parent Shared Equally by Both Parents?

For any family the decision to have children is a momentous one. In families headed by a gay man, or two gay men, children become a part of the family only after a conscious decision by both fathers to start a family. Interestingly, only two couples seemed to initially share an equally strong desire to parent. Both in informal feedback from a group of gay men planning to have children biologically and from the men in this study, a pattern arose in which one partner has a strong desire to parent, while the other partner must be convinced in some manner. Often the partner with the more robust desire to parent makes this explicit from very early in the relationship; several

men discussed how the choice to become parents was an ultimatum presented by their partners. As stated by two interviewees, the conviction to parent was so strong that he was willing to walk away from his relationship if his partner did not change his mind.

Bob did not initially think that he wanted to have children. As he explained, "I didn't feel that burning desire to be a parent like [my partner] did. It was not there." He believed that he might make a bad parent based on his childhood experiences and his personality. His concern centered on his own "dysfunctional family," that they had provided him with a poor model of how to raise a family of his own. In addition, he raised a concern that several other men shared: that the energy needed to raise children would detract from his relationship with his partner. For example, Bob stated, "I was so much enjoying our relationship, just the two of us, and part of me felt like, if we had children it would impinge on that." For other fathers, including Will, there was no internal desire to have children. When asked why he wanted to become a father, Will stated, "The honest answer is that I really did not want to become a parent. It was not important to me and I did not want it."

So why then did these men who were resistant to becoming parents ultimately choose to have children? For Will it was a clear choice between having children or causing irreparable harm to his relationship with his partner. He shared, "I decided to become a parent because it was really important to my partner, and I felt that his internalized frustration at its not happening was having strong ramifications on our relationship. I was honest with him and honest with myself, and I was kind of thinking that the arguments and discussions and conflicts that we were having over the issue wasn't good for him and wasn't good for me, and it was kind of a question of 'Well,

do we just separate or do we have the kids?'" Although not as explicit as Will, it was apparent that for several of the fathers the choice came down to having children or risk creating permanent tension in the relationship with their partner.

Although some initially reluctant fathers changed their minds mainly as a result of their partner's persuasion, others experienced a more internal change. Bob saw his readiness to parent as a function of age and his environment. He explained, "[I] changed my mind for a couple of reasons. I turned thirty-five. Also a lot of my friends were having kids and then [my partner's] sister, who is single and an older woman, decided she was not going to get married in time to have kids on her own, so she was going to go ahead and adopt... We went to the airport with her to pick up her kids... And there were these two kids who had just come from an orphanage in Siberia... They were wide-eyed and terrified, and it was so intense... A few weeks later we took them shopping for clothes and I just thought, 'Wow, this is so great. Maybe being a parent would be fun and maybe it's time now.'" Frank was convinced by several reasons, including the conviction that he and his partner "had a lot to offer and we did not want to grow old and be alone. So it was a little selfish."

None of the fathers who were initially resistant to having children reports regretting the decision to do so. As one father explained, "It was a leap of faith, but it is never a decision I have had to think twice about. It is hard raising children, also one of the most rewarding things I have ever done." Sam, who was initially resistant to becoming a father, explained that for him "It is so intuitive becoming a father. It just comes naturally ... It just feels right for me and that is probably one of the more amazing things about it, because this was all [my partner's] idea. I went to therapy for

three years to get the courage to do this and it has to be the best thing that has ever happened to me. I would have bet it would be the opposite, that I would have felt trapped...But it has been fabulous, really incredible." Even among those who experienced some initial reluctance about becoming a father, all maintained that becoming a parent was life-changing, and one of the more remarkable events in their lives.

Various factors motivate people to have children, and many of these motivations are similar for gay men who choose to create a family with children. From inner desire to external influence, these factors mirror Erikson's concept of generativity and offer some insight into a gay man's desire to have children in the face of significant obstacles and discrimination.

Experiences with Discrimination

From the legalization of same-sex marriage in Massachusetts, to the growing number of gay and lesbian role models in mainstream media, the gay, lesbian and bisexual community has seen an unprecedented shift in acceptance in recent years. Yet, even with growing acceptance, there remains strong antagonism toward those who identify as gay or lesbian. When gay men decide to create a family with children, they enter a world that has generally been inaccessible to them. In doing so, they meet resistance and discrimination in ways about which they may not be consciously aware. Five fathers, or one quarter of those interviewed, initially maintained that they had not faced any obstacles being a gay parent. On further reflection, however, each man realized that he had encountered some form of adversity because he was a gay man

who wanted to have children. Some of the discrimination was subtle and systematic, while other forms were more overt and, at times, arose from sources close to home.

Family, Friends, and the Gay Community

Having a child is a life altering event in which most prospective parents draw on the support of their family, friends, and community during and after the birth of their child. Such support is not reliably available to gay men.

Most surprisingly, four of the men interviewed described facing resistance from within their families of origin. Family members openly expressed their concern that either homosexual men are incapable of raising children, or that the stigma associated with being a gay man is an unfair burden to expose children to. Interestingly, each example of criticism discussed in the interviews pertained to female family members, generally a sister or mother. Ray shared that his sister-in-law told him that having a child "is not like having a dog." Her concerns are rooted in the notion that men cannot act as effective caregivers for a child, a kind of discrimination that many gay men face as parents. As discussed in the previous section, each father has clearly thought about his role not only as a father, but as a parent. None seem incapable of providing the type of parenting that Ray's sister-in-law seems concerned about, and several fathers questioned if this concern would be levied against an unmarried, heterosexual, father.

In some interviews it was unclear whether the objection of family members are based on concerns about the ability of men to raise children, or of gay men to raise children. Tom expressed confusion about his mother's resistance to his raising children. Before the adoption of his son, she was vocal about her opposition to his

decision to adopt, although this resolved itself once the adoption was completed and she met his son. However, when Tom and his partner began discussions about adopting another child, it became clear that Tom's mother still had opposition to his parenting. Tom admitted that he was uncertain about whether his mother's resistance is to gay men raising children, or to men raising children in the absence of a female mother figure. Whatever her motivation, it was apparent in Tom's discussion that the lack of support that he faced from his mother generated considerable pain for him:

I just spoke to my mother on the phone and she came to visit at Thanksgiving, and she adores [our son]; but, when I told her we were thinking about adopting another child she went back to what she was doing when I told her we were adopting [our son]. "What are you guys doing? You shouldn't be doing this. You don't know what you're doing. Why do you want another?" Is it a gay issue? Is it an adoption issue?...I think it is multifaceted. Part of it may be the notion of two men raising a child.

While she has learned to love his son, Tom's mother continues to show preferential treatment to her other grandchildren; for instance, she places money into college funds for them but not for Tom's child. As Tom stated, it is difficult for him to define her motivations, but Tom has inferred that her choice to withhold financial support reflects her disapproval of his choice as a gay man to raise children.

Interestingly, several fathers experienced resistance from within the gay community. Although surprising to the fathers who experienced it, Barret and Robinson (2000) described gay men's resistance to children and informal

conversations with other gay men about this research yielded similar reactions. For some, the response seems to stem from the revelation that gay men are actively choosing to have children, and that there are several avenues available for them to do so. Sam related his experience in the following words:

"We have [gay] friends who are from an older generation, our friends basically who are about fifty and up, who just do not get it. They think, 'Why would you have kids?' So, both in our family and in our social circles, there were people who just did not want us to have kids, like it was surprising, almost like it is not right." Other gay men seem to feel that having children reflects a discomfort with being gay. They believe that having children is an attempt to approximate the traditional, heterosexual, notion of family. For them, the desire to parent is not an instinctual, personal desire, but instead a result of internalized homophobia and a desire to "fit in" with heterosexual cultural values. This may have been some of the tension Bob has felt within the homosexual community, and is reflected in his comments: "There are plenty of gay people who think we shouldn't have kids too. When we lived in San Francisco, the worst place for us to go was the Castro [a large gay community]...you would get a lot of negative energy there and that was disturbing."

Experiences with Overt Discrimination

As discussed earlier, some objections to the notion of gay men becoming fathers has less to do with same-sex parenting, and more to do with concerns about the ability of men to raise children. This sentiment was expressed not only by family members, but by strangers. Several fathers mentioned their interactions in the grocery store, while walking in the park, or when speaking with mothers at a daycare center.

Presumably the comments of these individuals were not intended to convey a discriminatory attitude, but the impact on the gay fathers was disturbing. Adam related, "Especially when they were babies, and they were perfectly well taken care of babies, straight women would all of a sudden get hostile...because men do not know how to [parent]...People used to be a little freaked out. 'How do you know how to change a diaper?' I came up with a snappy comeback because it happened so often. I started saying, 'Well, whenever I don't know what to do, I get my estrogen patch and just slap it on and the knowledge floods into my brain.'" Bob shared a similar sentiment, saying, "Everyone knows that moms can be good parents, but how could two dads be good parents? Everyone wants to talk about that. I think there is a lot of discrimination."

While some men experience discrimination about having children based on their gender, others face overt discrimination based on their sexual identity. This was the case for Carl who explained that he became friendly with the mother of one of his child's friends, but that the woman's husband was not tolerant of Carl and his family. Carl said, "The wife was very talkative. We were friends, but her husband was always isolated. He didn't want his wife talking to us. Anyway, one of their daughters, she must have been nine or ten, said 'My father says [Carl's son] is gay.' Then one day [Carl's son] was on the school bus and the father gave [Carl's son] the middle finger. [Carl's son] did not understand why. It's hard to explain that to a kid. I also tried to explain it to the school, but they did not care. They said it was not their problem because the father was not on the bus." Carl's story is a reminder that even when gay

parents take extraordinary measures to protect their families from discrimination, they are still open to harassment based on their sexual identity.

Sam and his partner faced fairly open sexual discrimination when they adopted their child: "The baby's biological grandmother was adamantly against [the adoption]. She was at the hospital storming and screaming, and she had to be carried out of the hospital by security because she didn't want us to take [the baby]. She has also written us several nasty letters telling us she wants our daughter back, and she has reported us to be investigated simply because we are gay." Although the fathers interviewed did not report ongoing problems from these experiences, the discrimination they have faced and continue to face affects them in profound ways.

Systemic Discrimination

Several fathers faced systemic resistance in trying to create a family, often from the adoption agencies that had agreed to help them. Paul related the problems that he and his partner encountered with their first adoption agency:

The first adoption agency we went with, we were with them for about a year and half...Our case worker, I think, was sort of a Christian type, and even though she was trying to be nice, you could tell we just did not connect. Their whole method of presenting us as a couple to birth moms, the way they went about it, basically meant we were excluded every time because they would say to the birth mom, "What do you want in the adopted parents of your child, a professional? Stay at home mom? Etc?" At the end they would say, "Would you be interested in a same-sex couple?" It would be the rare birth mom who would say,

“Yeah, I thought about that and that’s what I want.” So we never really [were introduced] to people because they would say, “No, I don’t want that.” After the first year, we went in and asked how they were presenting us. I realized the way they did it was completely wrong.

One, they shouldn’t have asked the question [about our being a gay couple]; if we met all the other criteria, they should have just put us in the book. But if they did mention it; they should have said, “They would be good parents. These guys are really great.” [The agency] felt they couldn’t do that because it would be promoting one couple over another and we said, “Screw you. We’re going to find someone else.”

Two weeks after changing tactics and using an adoption lawyer to create their family, Paul and his partner were connected with the birth mother of their child.

Neil and his partner encountered similar problems with their agency. They adopted their child from Guatemala. Given that no foreign country allows same-sex parents to adopt (although some countries allow single men to adopt), the agency insisted that the couple use an agent to pick up the child from Guatemala so that Neil and his partner did not create problems for future adoptions. Neil said, “We were not allowed to go to Guatemala to pick up [our son], where traditionally parents would be able to. That was, we were told flat out, because we are gay...When you’re waiting for your child to come home and it takes so much longer because you’re gay, that is a hard pill to swallow.” Not only did this delay extend the length of the adoption process by approximately three months, but it also significantly increased the cost of the adoption. An episode such as this sends a message to gay couples that same-sex

adoption is problematic. At the time of the interview Neil and his partner were in the process of adopting a second child from Guatemala, but chose to use a different agency, one that is encouraging the men to travel to Guatemala to pick up their child themselves.

From less significant issues (e.g., school permissions) to greater challenges (e.g., child custody), being a gay parent means facing obstacles even after the birth of a child. Carl related a story that he felt illustrates some of the obstacles he faces as a gay father: "When [my son] was in a Catholic school, I went to sign him out for the day...They said I could not do it because I needed the mother's permission. Obviously there is no mother here. I had to get an "all right" letter from the surrogate mother saying she granted me total custody...If a woman came in to get her child, she would not be told she needs the father present. It's a bad double standard."

Several fathers mentioned their frustration over legal issues related to creating their family. Frank, the adoptive father in a couple whose child was born through gestational surrogacy, discussed the complication that arose as soon as his child was born: [We] had to deal with the birth at the hospital, which was complicated. The hospital does not recognize gay couples. Realistically [the birth mother] might have no attachment to the child, but the hospital recognizes her as the [child's legal] mother, and she literally has equal rights to our child as [my partner], but I'm not even on the radar screen...If you are a straight person, none of this is an issue. Even if you are unmarried and straight, none of this is an issue. It is an unfair double standard." This "double standard" has created an ongoing problem for Frank and his partner. At the

time of the interview, six months after the birth of his twin daughters, Frank was still awaiting proper documentation to be legally considered the parent of his children.

Will expressed a feeling of discouragement, shared by many of the fathers, at the increased time and cost that the legal system imposes on homosexual couples to create a family with the same protections as a heterosexual couple. Will stated, "The legal situation is much more complicated and much more expensive for us to try to get some of the familial protections and benefits that come automatically to a heterosexual couple." Although some of the practical and legal obstacles may become less as the number of gay parents increases, gay men will very likely always face challenges as they become fathers. While these challenges can be frustrating at times, they have not deterred these men from becoming fathers.

The Assumption of Heterosexuality

Many men discussed the assumption of heterosexuality that confronts them on a regular basis. This assumption comes in many forms, from paperwork at adoption and reproduction agencies, at offices of physicians and dentists where it is presumed that the family is comprised of a mother and a father, and in casual encounters with people who assume the presence of a traditional mother. As Eric explained, "We worked with a reproductive clinic and every time we went there, they were like, 'What's your wife's name?' It's hard, having to constantly explain yourself. It's frustrating. It really wears you down." This sentiment was expressed by several other fathers; one noted that after weeks of meeting with staff at the same clinic, he was still asked if his wife would be joining him. Although these instances may be dismissed given the relative novelty of same-sex adoptions and surrogacy, one cannot ignore the

fact that such experiences take a psychological toll on parents. When interacting with people who assume heterosexuality, gay parents have two choices: they either collude with the assumption, and say nothing, or they correct the assumption. Each has a potential price. By not correcting the assumption, a subtle form of homophobia, both internal and external, is endorsed. If the men correct the assumption, they are essentially "coming out" as a gay person. Paul elucidated this situation by saying, "I mean, you go places, and you have got your kids with you and people will say, 'Oh, you're giving mommy a break.' Most of the time you just say 'Yeah,' because it is not worth engaging on it, but occasionally it's close enough to you, personal, or you have just had enough and you have to say, 'Well, there is not a mommy. It's like coming out every time.'"

At times there is simply a feeling of discrimination, something ambiguous that is interpreted as stigma. Greg talked about taking his children to swim practice with his partner and about his interactions with other parents. He said, "They will say, 'Hi, how are you doing?' but it makes you wonder if it's something where they just don't want to know more than they know, so they just say 'Hi' and move on. You never really know, but I think people might stay back because we are gay." Zack found himself wondering if people thought about his sexual identity: "I think sometimes people look at us differently. In the supermarket, or the mall or something, I think they may wonder." Although it is difficult to confirm that these men are actually the targets of discrimination, yet their stories provide ample evidence for the interpersonal challenges they must confront on a daily basis related to their role as gay male parents.

Exposing Children to Discrimination

Several of the fathers expressed their concern about the potential discrimination that their children may face because of the sexual identity of their parents. Often this fear centers on ill treatment from other children. As Zack explained, "I think when [my daughter] goes to school, it's going to be very difficult. How is she going to explain that she has two dads? Kids will probably tease her and make fun of her. That's probably the thing that I most worry about...Even though we live in a society that is more accepting, there is going to still be that one person in the classroom, on the football field, wherever. That is my biggest fear." As several fathers related, these concerns are not irrational or unfounded. These children potentially will face discrimination not only from their peers, but as Carl related, from adults such as friends' parents or even school administrators and teachers.

From subtle insinuations that men are incapable of being caregivers to more overt gestures that homosexual men should not raise children, it is inevitable that gay men will face some discrimination in their attempt to create a family with children. While this discrimination is inevitable, it is certainly not insurmountable. The narratives of these interviewees serve as a testament to the change in society that allows these men to parent. As families headed by gay men become increasingly common, hopefully acceptance will become more prevalent, and discrimination will diminish accordingly.

Choices in Creating a Family: Thoughts on Adoption versus Surrogacy

There are several avenues through which gay men can create families with children; the options include adoption, co-parenting arrangements, foster care, and

surrogacy. Adoption and surrogacy most closely approximate traditional parenting relationships in which parents assume full caretaking responsibilities and permanent legal guardianship of their children. Each approach has distinct advantages and disadvantages for gay men. This section explores these options through the eyes of the fathers interviewed in this study.

Domestic Adoption

During the last two decades adoption of children from within the United States has become an increasingly viable option for gay men creating families. Initially gay men were most commonly limited to adoption of children with special needs, a fact that significantly influenced the dynamics of the adoption process. Social mores have changed, and research has failed to find any detrimental psychological effects resulting from children being raised by gay men or lesbians (Allen & Burrell, 1996; Chan, Raboy, & Patterson, 1998; Fitzgerald, 1999; Golombok & Tasker, 1996; Patterson, 2000). Consequently, many states now allow gay men the same opportunities as their heterosexual counterparts to adopt. Among the couples interviewed, six created their families through domestic adoption.

Advantage: Shorter Time Frame

Domestic adoption, especially when handled by a private agency or lawyer, has the potential of moving more quickly than other methods. For most of the fathers interviewed, domestic adoptions took about a year, though two couples experienced much quicker adoptions. For Zack and Xavier, the time between contacting an agency and bringing their child home was less than six months. As Xavier explained, "We decided to go through a private attorney...She helped us place ads in gay-friendly

states throughout the country and we did the ad campaign. She took the first intake calls and sent out our adoption book. We did the marketing and started talking to various birth moms. We decided in September that we were going to go through the process, we did the ads in October, and [our daughter] came home in February." After several failed attempts at international adoption, Ray and Quinn had a similar experience with a domestic adoption; they adopted their child two weeks after contacting an agency.

Advantage: Connection to Family of Origin

Several fathers cited having a connection to their child's birth family as a positive aspect of domestic adoption. Ray and Quinn became involved with the birth mother of one of their children when the agency alerted them to her declining health. Quinn explained, "We started having these conversations as a family, that if we don't reach out to these people and get to know them a little bit, most likely they're going to be dead before the boys even have a sense of what their roots are." Although the relationship between Ray and Quinn and their child's birth family is extremely difficult at times due to their complicated personal lives, they clearly value having their child know his birth family, which includes a brother. Interestingly, despite the complications involved with getting to know their child's birth family, Ray and Quinn have reached out to the birth family of their other son as well. This involved getting to know their son's birth father, who was battling a heroin addiction and HIV. Ray and Quinn became close to their son's birth father, at one point providing financial support and taking care of his son when he was in the hospital. Eventually their child's birth father died of complications related to his illness; despite the pain they went through,

Ray and Quinn value the relationship they were able to have with their son's birth family. In addition to the personal relationship adoptive parents can create with their child's family of origin, contact with a birth mother or father can help keep families aware of important medical information. For many adoptive families, knowing about hereditary illness and/or genetic predispositions can outweigh the potential complications associated with contact with a child's family of origin.

Drawback: Connection to Family of Origin

Although some fathers appreciate the ability to connect with their child's birth family, others view the potential relationship as a significant drawback to domestic adoption. For this reason several families seek international adoption or surrogacy. As one father explained, "the possibility of having the birth mother in our lives was not a complication that we wanted." Oftentimes domestic adoptions arise from families in difficult situations; for example, the birth mother may be very young, be financially unstable, or have a drug or alcohol problem. The prospect of inviting these problems into their lives is not something many fathers interviewed want to take on.

Drawback: The Potential of Challenges to Custody

Chief among the reasons many families do not choose domestic adoption is a fear that the birth mother or father (or grandparents, aunts, uncles, etc.) might seek to obtain custody of an adopted child at a later date. Such custody battles often put same-sex couples at a distinct disadvantage, and many fathers cite the potential of losing their child as a reason to avoid domestic adoption. Prospective parents may also invest a significant amount of money into a potential adoption only to have it fall through. One family invested over twenty-five thousand dollars with a mother who changed her

mind at the last moment and decided to keep her child. For the intended families there is often no reimbursement for the money they supplied and no compensation for the significant emotional investment in an adoption that does not come to fruition.

Drawback: Intrusiveness

Another drawback of domestic adoption is the process by which prospective parents must market themselves to potential birth families. Prospective families generally create a "family book" describing themselves and the environment they have to offer a child. Prospective families may also create advertisements that appear in local papers or internet forums. This "marketing" aspect of domestic adoption was viewed as a drawback to several fathers.

Finally, domestic, as well as many international adoptions generally require a home study to be performed. In these situations the prospective family is assessed by a social worker who may or may not be amenable to adoption by same-sex parents. Although none of the fathers reported a bad experience with their home studies, it is an intrusive element not present in a surrogacy situation.

International Adoption

For many parents looking to adopt, the number of children in the world in need of a good home serves as an important motivation for adoption, although other factors are also important. Of the ten interviewees who had adopted children domestically or internationally, half cited this social concern as a significant factor in the decision to adopt. As Will explained, "We thought seriously about the number of kids there are in the world and thought that it would be nobler, I guess you could say, to take a child that has already been born that does not have a family and is not living in a good

situation, and give them a better chance at life, rather than create a new one. I guess that is why we ultimately went the adoption route."

Advantage: No Potential of Challenges to Custody and No Connection to

Family of Origin

Once they decide to adopt, most who choose international adoption cite the "cleanness" of international adoption as the deciding factor over domestic adoption. None of the parents who adopted internationally have had any contact with the birth families of their children. In fact, it is quite rare that the adoptive parents have more than basic information about the birth parents of their child, if any information is available at all. In addition to ensuring that the birth family will not be a part of the adoptive family's life, there is no risk of a custody battle in international adoptions. As Quinn, who considered international adoption, but ultimately chose domestic adoption, explained, "It is nice to know that when the plane lands, [the children] are yours. No one will threaten to take them away."

Drawback: Fluctuating Political Environment

Several drawbacks exist when working with international adoption. Of significant concern are fluctuating political dynamics that can create hurdles in the process. Quinn and Ray invested considerable time and money into international adoption, only to be thwarted by political problems:

By the time we got all of our paperwork done, Vietnam essentially closed down for all adoptions because of baby laundering and things...Then we switched our paperwork for Guatemala and got most of that paperwork done and then all of the priest stuff was

happening with the Catholic church, and particularly in Catholic countries like Guatemala, people were just getting all bent out of shape and the agency we were working with said, 'You know, they just put in some elected officials, that this is just not going to happen and if it happens, it is going to be white knuckle all the way'...So we decided to do our paperwork for Russia and we were in three different regions in Russia, and the agency said we could keep trying but this does not look good...We just stopped. We found another way.

In the end, Ray and Quinn opted to adopt domestically after encountering so many difficulties in the process of international adoption.

Drawback: "Closeting" Sexual Identity

No foreign country allows openly gay couples or individuals to adopt children. Therefore, in an international adoption only one father applies for adoption and is the only adoptive parent in the eyes of the country from which the child is adopted. The "non-adoptive" parent must also apply to adopt the child once the initial adoption process has been completed. Given this criterion, gay partners must lie about their identity, effectively going "back into the closet" for the purposes of the adoption. For many fathers, this is an unacceptable situation. Xavier shared, "Although we were very interested in adopting a baby from Asia, I am not comfortable at all lying about being gay and saying I am straight to do international adoption. I would not do it." This sentiment was mirrored by several other men who were interviewed. One father

felt it was "psychologically unhealthy" and created a "foundation of distrust" that he did not want to build his family on.

Surrogacy

Surrogacy is a relatively new option for gay men who wish to have children. At the time of this project, the oldest children I encountered born via surrogacy are ten years old; the eldest children among fathers in this sample are six-year-old twins. Children born during the nineties, in the "first generation" of gay surrogacy are generally the result of traditional surrogacy, in which the surrogate's own eggs were fertilized with the intended father's sperm. This produces a child who is genetically related to both the surrogate mother and the sperm donor. Given advances in reproductive technology, most, though not all, children now born to gay men through surrogacy are the result of gestational surrogacy. In gestational surrogacy an egg is provided by an egg donor (not the surrogate), fertilized by the intended father's sperm in a laboratory, and implanted in the womb of the surrogate. There is no genetic connection between the surrogate mother and the child, and the egg donor is often a woman the parents have never met. Given these options, increasing numbers of gay men are choosing surrogacy to create their families.

Advantage: Genetic Connection

Not surprisingly, several men chose surrogacy because they wished to have a biological connection to their child. Several fathers expressed this desire in terms of creating something that would last beyond the self, as a legacy to give back to the next generation, a reflection of motivational force for generativity that McAdams & de St. Aubin detailed in 1992. As Frank explained, "[The decision to use surrogacy] was

more selfish; it was more for us. We wanted that genetic connection. I guess there is a legacy involved in that." Doug mirrored this feeling, explaining parenting as "a sense of wanting your genes to carry on." In addition to a wish to pass on a part of themselves genetically, two fathers expressed a fear that, if they are not biologically connected to their children, it may affect their relationship with their child. Bob and his partner felt that it was important that "at least one of [them] has a genetic connection." Bob stated that his partner "had a colleague who is a very fine mathematician and he has adopted a son who is not at all academically inclined and [Bob's partner] felt that he loves his son, but he did seem a little disappointed. You know, I guess that's the way it is, but it is something you think about."

Advantage: Involvement in Pregnancy

Although the desire to have a genetic connection to their child is a compelling reason for many fathers, it is not the sole motivation. In fact, for some men, the ability to have a genetic connection with their child is not especially important. Several fathers discussed the importance of being involved in the entire pregnancy process as a significant motivation to pursue surrogacy. Ian explained, "I wanted to be with my child in utero; I wanted to be able to know what the uterine environment was like and to feel that the child was safe and protected and well-treated during the time of gestation. I wanted to be there at birth; I wanted to be there for my child's development from day one." Ian, like other fathers who chose surrogacy, expressed concerns about a child's early development and environmental influences. He felt that leaving the early days of a child's development "up to chance" was unacceptable to

his notion of being a father, and ultimately felt this was a major influence in his decision to pursue surrogacy.

Advantage: Predictable Timeline

The relatively reliable, scheduled aspect of surrogacy is a distinct advantage over adoption. While the process of adopting a child can take weeks to years to complete, the surrogacy process is fairly consistent. After selecting a surrogate and egg donor, fertilization generally occurs within three attempts, followed by nine months before delivery.

Advantage: Guaranteed Pregnancy and Custody

For Eric and his partner, a failed adoption experience took an emotional and financial toll that they did not wish to repeat: "We wanted to do a private adoption first; we were one of the horror stories. We set up with a woman who basically used us and that was hard. We just froze up for six months. We did not even talk about having a family again...So we decided to take the surrogate carrier route." Interestingly, two of the families who ultimately adopted children had similar stories. Both invested time and money into an adoption process that did not culminate in the adoption of a child. Although these failed attempts did not deter those families from adopting, as it did Eric and his partner, it is a risk a family takes with adoption that is not present when choosing surrogacy.

Drawbacks of Surrogacy

For those who decide against surrogacy, two aspects stand out as reasons to choose adoption. The considerable financial cost associated with surrogacy can be prohibitive for some families. Although the cost is significantly less in a traditional

surrogacy arrangement than in gestational surrogacy, traditional surrogacy is far less common today. The average cost of surrogacy falls between \$70,000 and \$80,000, though costs can exceed \$120,000. For many gay fathers, surrogacy is simply too expensive a route to consider when creating their families and is a significant reason several fathers chose other routes to creating a family with children.

Most parents who choose to adopt cite the number of children in the world as an influential factor in their decision. For some potential parents, the ability to welcome a child from a potentially troubled circumstance into their family outweighs the desire to be biologically connected to their child; for many of the adoptive parents, choosing surrogacy meant “unnecessarily” bringing another child into the world.

Several fathers viewed as drawbacks the emotional investment involved in the process of going through multiple fertilization attempts, as well as the involvement in a surrogate's life for over nine months. Finally, several fathers feared the potential of the "surrogate mother complicating" their lives (Victor) as a reason to choose adoption to create their family.

CHAPTER VI

THE JOURNEY AND EXPERIENCES OF GAY MEN WHO CHOOSE TO BECOME PARENTS

Fifteen years ago this project could not exist. If a gay man wanted to become a father, his options were limited to entering into a relationship with a woman, adopting a child, often with special needs, or rarely, establishing a co-parenting arrangement. Even if a gay man chose one of these avenues to becoming a father, there was little societal support for his decision and little recognition that he could provide an adequate environment to raise his child. Reproductive technology and changing social politics have significantly reduced the obstacles to a gay man deciding to become a father. And many gay men are deciding to do so.

I was interested in talking to these fathers, to hear their stories as they pioneer a relatively new frontier for gay men. Using qualitative methodology, I interviewed ten fathers (five couples) who created a family through surrogacy and ten fathers (five couples) who created a family through domestic or international adoption. Although my initial research questions focused on these fathers' conceptualization of parenthood, their motivation to parent, how a biological connection may affect a relationship to a child and their experiences with discrimination, what emerged in these fathers' narratives was a far richer story. It quickly became apparent that in addition to the original focus of this project, we could significantly add to the field by documenting the surrogacy process, both technically and legally, exploring the advantages and disadvantages of surrogacy and adoption, and delving more fully into the subtle forms of discrimination these fathers face as gay parents.

Summary

The Surrogacy Process

Creating a child through surrogacy is a complicated and largely undocumented process for gay men; yet it offers one of the clearest avenues for a gay man to have a child who is biologically related to him. Initially, an intended father who chooses surrogacy must decide to pursue traditional or gestational surrogacy. A few years ago, traditional surrogacy, in which a surrogate acts as both egg donor and carries a child through pregnancy, was the only option for parents wishing to have a child through surrogacy. Recently however, gestational surrogacy, in which one woman acts as an egg donor, while a different woman carries a child to term, has become more widely available and is the method most gay men now choose for surrogacy. A significant advantage in gestational surrogacy is that the surrogate has no genetic connection to the child she carries, essentially eliminating custody problems and decreasing a surrogate's likely emotional connection to the child. Using gestational surrogacy also increases the likelihood of pregnancy, because favorable egg donor characteristics (primarily age of the eggs) are paired with optimal surrogate characteristics (for example, a proven history of uncomplicated pregnancy). Gestational surrogacy does have drawbacks for some parents, primary among these being the significant cost associated with the need for a separate egg donor and surrogate, and increased medical and legal costs.

Whether parents choose traditional or gestational surrogacy, cost is also a significant factor when intended parents seek out a surrogate. While a full service agency can coordinate almost every aspect of the surrogacy process, agency fees can

exceed \$20,000, and the total cost of gestational surrogacy can be in excess of \$100,000 (see Appendix K). This may lead some parents to undertake some, or all, of the tasks related to finding a surrogate and egg donor, upon themselves. After locating a potential egg donor and surrogate, intended parents undergo medical procedures (such as sperm analysis), contract with the donor, surrogate and agency (if used), generally establish a trust account to pay for the surrogacy, and provide sperm for the fertilization process.

The surrogacy process is complicated emotionally, financially, and legally. From a legal perspective, intended parents must educate themselves about, and protect themselves with, a series of legal procedures. In terms of surrogacy, a contract must be established with the surrogate (a surrogate or carrier contract), the ovum donor, and the sperm donor. At a minimum, these contracts spell out custody agreements and financial obligations, but may be as specific as the participating parties agree to.

Laws pertaining to surrogacy vary widely from state to state, and generally it is in everyone's best interest to have a competent attorney who specializes in reproductive rights oversee the legal aspects of the surrogacy process. Interestingly, most agreements established during a surrogacy are not legally enforceable, although they do demonstrate intent; however, legal documents reduce ambiguity for the intended parties and serve as a roadmap for discussing important issues.

Less ambiguous are the legal requirements needed to establish custody for a non-biologically related father. While some states allow pre-birth orders in which joint custody of the biological and non-biologically related father is established before the

birth of a child, in most cases custody must be established after birth through a second parent adoption, or by other means.

Conceptualization of Parental Role

Given the absence of a traditional female in the home and the presence of two male parents, I examined how gay fathers conceptualize their role as a father. Despite being "non-traditional" parents, ideas of fathering are deeply rooted in historical concepts of what it means to be a father. Elements of father as a moral guide, father as a nurturer, father as breadwinner, and father as a sex-role model, are woven into a conceptualization of fatherhood that embraces all of these roles. As one father aptly put it, the traditional roles of father and of mother are often blended in a gay father's notion of fathering, representing the concept of "parent" far more than that of father, or of mother, individually.

While many gay fathers feel comfortable assuming the role of parent, there is awareness that a female role model can be an important part of a child's development. For many families headed by gay men, this involves actively including female family members and close friends in their children's lives. The importance of familial influence is also recognized in terms of modeling parental behavior. For each of the fathers interviewed, childhood experience provided a template for how to parent. Some fathers feel that they model their behavior after their parents, while others feel that their parents provided a model of how not to act as a parent.

Whether a father sees his personal responsibilities tending more toward breadwinning, nurturer, or as a moral guide, or whether he feels his parents provided a good model of parental behavior, most striking in a gay father's conceptualization of

parenting is an assumption of equally shared responsibility of parenting with his partner. While this does not always translate precisely into direct childcare responsibilities being shared equally, there is a vigilance of role imbalance and a conscious effort to minimize it, a phenomenon not fully explained by human-capital theory or gender ideology theory.

For any parent, the addition of children into a family causes a shift in priorities, often resulting in a change of relationships outside of the family. This generally includes some separation from single and childless friends and increased connection to other families with children. This social shift occurs for gay fathers as well, with one notable exception. The addition of children for gay fathers generally creates a significant decrease in contact with the gay community and an increasing connection to the heterosexual community. While some fathers are comfortable with this shift, others feel a sense of loss and actively seek other gay families as support and to serve as role models for their children.

For fathers who use surrogacy to create their families, there is the complicated issue of who will be the seminal donor for a child. Some fathers worry that a genetic connection will change their relationship to a child. They may choose to leave the paternity of their child to chance, or they may decide to remain unaware of the child's paternity. For others, choosing which father will be the seminal donor is more comfortable and may be based on a number of factors, including who is originally more motivated to have a child. After the birth of their children, few fathers feel that a biological connection changes the relationship with their child, although some note subtle differences in their experiences with their child which they attribute to

biological connection. It is unclear, however, how much influence a biological connection has in the relationship between gay fathers and their children.

The Motivation to Parent

Given the obstacles inherent in the process of creating a family with children for gay men, what motivates them to do so? While the answer to this question is multifaceted, it is tied to Erik Erikson's concept of generativity. For many gay fathers, the desire to have a child is an instinctual drive, often beginning in early adulthood. Several gay fathers describe "always knowing" they would have children, while others feel that, for them, raising children is an essential stage in life. These sentiments reflect Erikson's concept of generativity, a desire to give something to future generations and to create a legacy. Although Erikson described several paths to achieving generativity, he wrote that, for many, parenting is a primary vehicle, and this appears to be the case for many gay fathers. When de St. Aubin and McAdams (1992) expanded Erikson's concept of generativity, they emphasized inner desire and cultural demand as motivation to act in generative ways. Inner desire is clearly evident in the narratives of gay fathers, and so too is cultural demand. It seems that, for several gay fathers, having children is a natural progression of the search of gay men and women for equality. For them, the ability to raise a child should not be denied because of their sexual identity. In this context, raising a child is both a personal and a cultural statement.

Not all gay men who become fathers initially want to have children. For some it is an expression of love for their partners, who are often highly motivated to have a child. This is often an issue discussed early in a relationship, and the desire to have a

child can be so compelling that a relationship is not possible unless both partners ultimately agree to have children. Interestingly, none of the fathers interviewed who were "persuaded" to have children now question their choice, or regret their decision to do so.

Discrimination

Despite significant advances in gay rights and growing acceptance of gay men and women, there continues to be discrimination based on homosexual identity. When gay men choose to raise children, a choice traditionally reserved for heterosexual men and women, they encounter new forms of discrimination. This discrimination is based not only on their sexual orientation, but also on the perceived inability of *men* to raise children. For many fathers, the source of this discrimination is surprisingly close to home. Often a mother, sister, or female friend or family member will express concern about a gay man's ability to parent. While the message may be subtle and ambiguous, many gay fathers experience a sense of disapproval which they find both surprising and hurtful. Also surprising for some fathers is the negative reaction they receive from the gay community. Other gay men may see raising children as a need to "fit in" to heterosexual society and as a sign of internalized homophobia.

While most gay fathers do not report overt discrimination based on their sexual identity, for others this is not the case. From adoption agencies to neighbors, intolerance can be directed at both gay fathers and their children. Almost every gay father expresses some fear that his children will be exposed to bigotry based on sexual identity, and many go to great lengths to protect their children from this discrimination.

Finally, many gay fathers experience an "assumption of heterosexuality" as a subtle form of discrimination. Perhaps a byproduct of the novelty of gay parenting, it is nonetheless a psychologically taxing phenomenon. For most gay fathers, the assumption of heterosexuality is something they confront on a daily basis. From forms that assume the presence of a mother and a father, schools that require permission only from a mother, to casual assumptions by neighbors and other parents, a gay father must make an instantaneous decision to either hide his sexual identity, or in effect "come out" in order to correct the assumption of heterosexuality.

Limitations of the Current Project

This project contributes to the field of parenting research by documenting the experiences of gay men who choose to become fathers through surrogacy or adoption, in the context of a homosexual relationship. This is the first known work to specifically include gay men who wish to be biologically connected to their children, and to explore both the conceptualization of parenthood and the motivation for a gay man to become a parent.

While this project contributes to the field, conclusions should be carefully considered in the context of certain limitations of the study. Given the qualitative methodology of the study, this report should be thought of as an initial stage in describing the experience of gay fathers. As a qualitative project, the sample is necessarily limited in scope, it is relatively small (twenty participants), and the selection of participants was not random; therefore, is not generalizable beyond this specific sample of gay men.

The small sample size led to problems interpreting data from the Loyola Generativity Scale (LGS) and Generative Behavior Checklist-Adapted (GBC-A). Originally I was interested in comparing fathers who are biologically connected to their children with those who are not (adoptive fathers and the non-biological father in families created through surrogacy) on these two scales. In two of the families who used surrogacy, a decision was made by these men not to know the paternity of their child. This effectively eliminated these four fathers from comparison, leaving only three participants who were known to be biologically related to their children, and thirteen who were not biologically connected. After interviewing the fathers for the study, I also became concerned that quantifying generativity might introduce a potentially value-laden element that did not accurately reflect the experiences of these fathers. After asking fathers in the semi-structured interview directly about generativity and whether they felt this was an important part of their motivation to become parents, some fathers responded that generative aspects had nothing to do with their motivation to have children, yet they rated the LGS and GBC-A similarly to fathers who did feel that generativity had an impact on their decision to become fathers.

A further limitation of this project is the fact that the sample of fathers interviewed is clearly not representative of the larger community of gay men. The sample is somewhat heterogeneous in terms of ethnicity, represents men with a higher level of education than the general population, and the range of age is somewhat restricted. Importantly, the men in this project reported incomes placing them in the upper category of US income earners. A majority of the fathers interviewed reported

individual incomes that exceed \$150,000 annually. Although this may not be representative of the general population, given the high cost of surrogacy and, to a lesser extent, adoption, this sample may actually be an accurate reflection of contemporary gay fathers. The sample also includes fathers with children from a range of ages. The experience of a gay father when his child is six months old may be different from a father whose child is six years old. Third, a gay man's ability to become a father in the context of a homosexual relationship is a relatively new phenomenon. As the number of gay men choosing to become fathers increases, the experiences of these men may differ significantly. Instead of viewing this project as predictive of the experiences of future gay fathers, it must be considered a snapshot of these men's experiences during the past two years.

Finally, given the relative novelty of gay men becoming fathers in the context of a same-sex relationship, there may be a tendency to portray the experiences of gay fathers in an overly favorable light. As the author of this work, I am an openly gay man, and this may have influenced both my analysis of the data and my ability to be objective when interpreting the veracity of information I received from these fathers. At the same time, the fathers themselves may have been anxious to portray their experiences favorably. Knowing that the audience of this work will most likely include both heterosexual parents and non-parents, as well as potential homosexual parents, the participants may have minimized, or failed to report, their subjectively negative experiences and may have been inclined to cast more ambiguous experiences positively.

Directions for Future Research

This project suggests several opportunities for future research with gay fathers. In particular expanding the sample in the current project would yield a richer account of the experiences of gay fathers. For example, participants from a broader socioeconomic group should be included in future research and efforts should also be made to include a more heterogeneous ethnic profile. In addition, it would be interesting to identify a younger demographic of gay fathers. The fathers in the current study ranged in age from 35 to 50 and their experiences may be different from younger fathers who may have grown up in a culture more accepting of homosexuality. Future research should also include the experiences of single gay men who choose to become parents. While attending meetings of gay men interested in becoming fathers a significant proportion, as high as a third of the attendees, were planning to become single fathers. It will be important to understand what motivates them to become single fathers, what obstacles they face as single parents and what their experiences are with discrimination.

Given the relative novelty of gay men choosing to become parents in the context of a homosexual relationship, there is a valuable opportunity to begin longitudinal research with these fathers. Almost every aspect of the current study could be enhanced by monitoring changes over time. For example, does the philosophy of equal childcare responsibility remain between partners as a child ages? Does the impact of a biological connection become apparent as children get older? How do gay fathers address instances of discrimination with their children throughout

their lives? How does being a gay parent impact social structure when children are young, compared to when they become teenagers and adults?

Finally, future research should explore how the addition of a child affects the relationship between gay male partners. Anecdotal evidence collected during this project suggests an elevated rate of separation of gay men after the addition of children. Future research could address this issue and provide some insight into its causes. For example, is the stress of a child too much for some couples when there is little societal support or recognition of gay men as parents, or do other factors contribute to relationship problems? This research could also address how gay couples with children separate in a situation for which there are no legal guidelines to supervise the process.

APPENDIX A

INFORMED CONSENT FORM

Informed Consent to Participate

I understand that I will be asked to share my personal experiences pertaining to my role as a gay father. I understand that I will participate in an interview, and I will complete a questionnaire designed to explore my experiences of being a parent.

I understand that I may ask the interviewer any questions regarding the interview process at any time. During the interview, I understand that I can decide not to answer a particular question and can follow up or return to questions that have been asked. I understand that I am free to discontinue my participation in this project at any time.

I agree to be audiotaped during this interview and I understand that while these audiotapes will be transcribed, the information that I provide to this study will remain confidential. Any information that I provide will be labeled with a five digit study identification number and that my true name, or any identifying information will be known only to the principal investigator of this study, Sean Robins. I understand that results of this study will not include my name or any specific identifying information; however, the results will be included in a dissertation that may be published at a later date.

I understand that during this interview I will be asked personal questions and that these questions may bring up emotional reactions which I did not anticipate. I understand that I am encouraged to talk to the interviewer about these feelings and that I can process them or request referrals to appropriate resources where I can address these feelings if so desired.

I understand that should I have any questions about this study, or my consent to participate in this study, that I may contact the investigator, Sean Robins, at (413) 222-5464, or email sbrobins@psych.umass.edu. If there are any complaints or concerns regarding this study, I may contact the Human Subjects Review Board at (413) 545-3428, or email HumanSubjects@ora.umass.edu

I have read the above statement and I agree to participate in the “Gay Men as Parents” project. I understand that my participation is voluntary, and that if I desire, I may withdraw my consent and discontinue my participation in this study at any time.

Participant Signature

Date

Witness Signature

Date

APPENDIX B

PARENTING RESPONSIBILITY QUESTIONNAIRE FOR PARENTS WITH
CHILDREN UNDER FIVE

Please place an "x" over the circles on the following scale to indicate who in your family tends to be primarily responsible for and involved in the activities listed below.

Something in which I am more involved, or for which I am more responsible

Something in which my partner is more involved, or for which he is more responsible

☐ N/A – Not Applicable. we do not perform this activity with our child(ren).

We are equally involved in or responsible for this.

- ### 1) Preparing meals for your child(ren)

Me Him

□
N/A

- ## 2) Feeding your child(ren)

Me Him ☐ N/A

- ### 3) Bathing your child(ren)

Me Him

N/A

- #### 4) Dressing/clothing your child(ren)

Me Him

N/A

- 5) Helping your child(ren) with grooming (such as brushing hair, teeth, etc.)

Me Him

□
N/A

- 6) Health-related activities (such as giving vitamins, allergy medications, etc.)

Me Him

N/A

- ## 7) Picking up after your child(ren)

Me Him ☐ N/A

- ### 8) Caring for sick child(ren)

Me Him

□
N/A

- 9) Driving (related to your child/children)

Me Him

○ ○ ○ ○ ○ ○ ○ □

N/A

- ### 10) Reading to your child(ren)

Me Him

N/A

- 11) Playing with your child(ren)

Me Him ☐ N/A

- 12) Daily talking/listening to your child(ren)

Me Him

N/A

Something in which I am more involved, or
for which I am more responsible

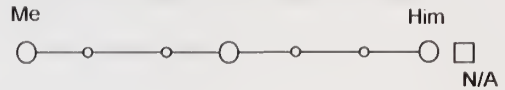
Something in which my partner is more
involved, or for which he is more
responsible



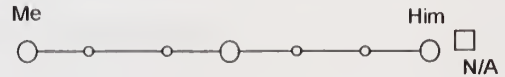
We are equally involved in or responsible for this.

☐ N/A – Not Applicable.
we do not perform this
activity with our child(ren).

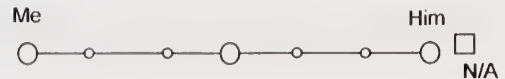
13) Tucking your child(ren) into bed



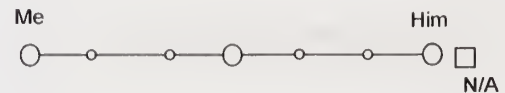
14) Checking on your child(ren) while
sleeping



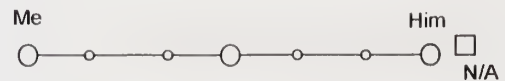
15) Cleaning the house



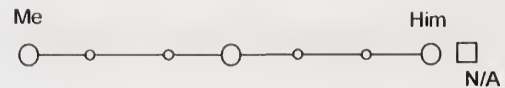
16) Furnishing/decorating the house



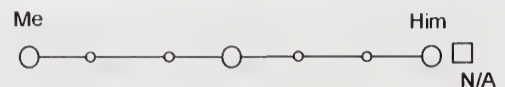
17) Repairing household items



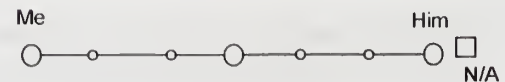
18) Gardening



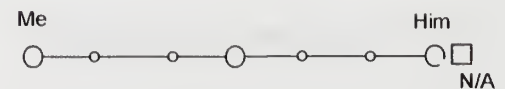
19) Doing the laundry



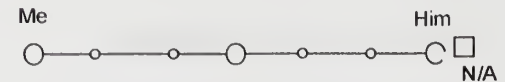
20) Ironing



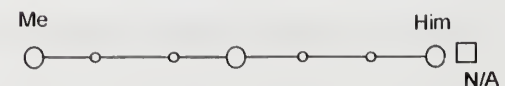
21) Pet Care



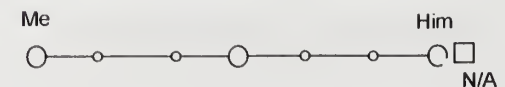
22) Planning or coordinating childcare
(daycare, babysitting, etc.)



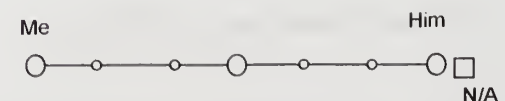
23) Planning appointments for your
child(ren), (doctor, dentist, etc.)



24) Planning birthdays



25) Planning family vacations



Something in which I am more involved, or
for which I am more responsible

Something in which my partner is more
involved , or for which he is more
responsible

☐ N/A – Not Applicable.
we do not perform this
activity with our child(ren).

We are equally involved in or responsible for this.

26) Making decisions about your
child(ren)'s education

Me

Him

☐ N/A

27) Financial planning

Me

Him

☐ N/A

28) Providing financially for the family

Me

Him

☐ N/A

29) Arranging for payment of the
mortgage, insurance and other
household bills

Me

Him

☐ N/A

APPENDIX C

PARENTING RESPONSIBILITY QUESTIONNAIRE FOR PARENTS WITH
CHILDREN OVER FIVE

Please use the circles on the following scale to indicate who in your family tends to be primarily responsible for and involved in the activities listed below.

Something in which I am more involved, or for which I am more responsible

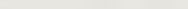
Something in which my partner is more involved, or for which he is more responsible

☐ N/A – Not Applicable. we do not perform this activity with our child(ren).

We are equally involved in or responsible for this.

- 1) Preparing meals for your child(ren)

Me Him



N/A

- ## 2) Eating with your child(ren)

Me Him

□
N/A

- ### 3) Helping your child(ren) to get dressed

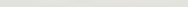
Me Him

○ — ○ — ○ — ○ — ○ — ○

□
N/A

- 4) Helping your child(ren) with grooming (such as brushing hair, teeth, etc.)

Me Him



N/A

- 5) Health-related activities (such as giving vitamins, allergy medications, etc.)

Me Him

□
N/A

- 6) Picking up after your child(ren)

Me Him

□ N/A

- 7) Caring for sick child(ren)

Me Him

○ ○ ○ ○ ○ ○ ○ □

N/A

- 8) Driving (related to your child/children)

Me Him

□
N/A

- ### 9) Reading to your child(ren)

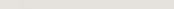
Me Him

○ ○ ○ ○ ○ ○ ○ □

N/A

- 10) Playing with your child(ren)

Me Him



1 2 3 4 5 6 7 N/A

- 11) Daily talking/listening to your child(ren)

Me Him

N/A

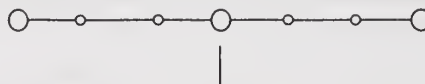
- 12) Writing notes to, or for, your child(ren)

Me Him

N/A

for which I am more responsible

involved, or for which he is more responsible



We are equally involved in or responsible for this.

☐ N/A – Not Applicable.
we do not perform this
activity with our child(ren).

13) Tucking your child(ren) into bed

Me Him ☐ N/A

14) Checking on your child(ren) while sleeping

Me Him ☐ N/A

15) Commenting on your child(ren)'s progress

Me Him ☐ N/A

16) Scolding/punishing your child(ren)

Me Him ☐ N/A

17) Assigning chores

Me Him ☐ N/A

18) Teaching spiritual development
(praying together, etc.)

Me Him ☐ N/A

19) Cleaning the house

Me Him ☐ N/A

20) Furnishing/decorating the house

Me Him ☐ N/A

21) Repairing household items

Me Him ☐ N/A

22) Gardening

Me Him ☐ N/A

23) Doing the laundry

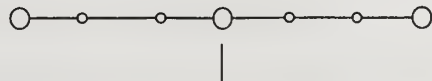
Me Him ☐ N/A

24) Ironing

Me Him ☐ N/A

25) Pet Care

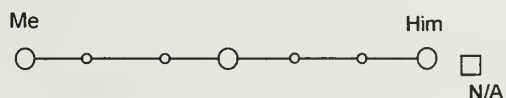
Me Him ☐ N/A



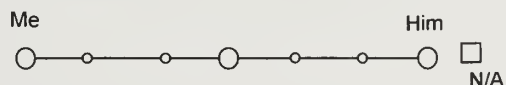
We are equally involved in or responsible for this.

☐ N/A – Not Applicable.
we do not perform this
activity with our child(ren).

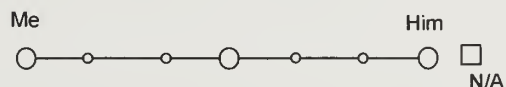
26) Planning extracurricular
activities (sports, music, etc.)



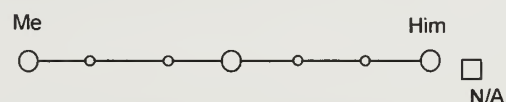
27) Planning or coordinating
childcare (daycare, babysitting, etc.)



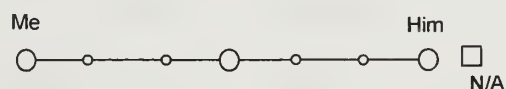
28) Planning appointments for your
child(ren), (doctor, dentist etc.)



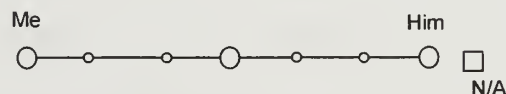
29) Planning for birthdays



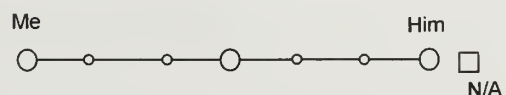
30) Planning for family vacations



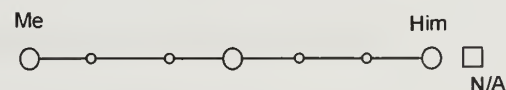
31) Making decisions about your
child(ren)'s education



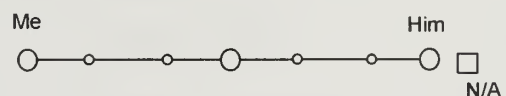
32) Financial Planning



33) Providing financially for the family



34) Arranging for payment of the
mortgage, insurance and other
household bills



APPENDIX D

PARTICIPANT DEMOGRAPHIC INFORMATION

Please provide the following information:

- 1) Your age _____
- 2) Occupation _____
- 3) Ethnicity _____
- 4) Religious affiliation _____

5) Child(ren):

Age	Gender	Age	Gender
child A _____	M / F	child C _____	M / F
child B _____	M / F	child D _____	M / F

6) Number of years in your relationship with your partner _____

7) Please indicate the highest level of education you have completed:

- | | |
|------------------|-----------------|
| some high school | college |
| high school | trade school |
| some college | advanced degree |

8) Please indicate the approximate range of your *individual* annual income

- | | |
|---------------|----------------------------|
| 0 – 20,000 | 70,000-100,000 |
| 20,000-50,000 | 100,000-150,000 |
| 50,000-70,000 | +150,000 |
| | _____ prefer not to answer |

APPENDIX E

LOYOLA GENERATIVITY SCALE

Instructions. For each of the following statements, please indicate how often the statement applies to you, by marking either a "0," "1," "2," or "3" in the space in front.

Mark "0" if the statement never applies to you.

Mark "1" if the statement only occasionally or seldom applies to you.

Mark "2" if the statement applies to you fairly often.

Mark "3" if the statement applies to you very often or nearly always.

- _____ 1. I try to pass along the knowledge I have gained through my experiences.
- _____ 2. I do not feel that other people need me.
- _____ 3. I think I would like the work of a teacher.
- _____ 4. I feel as though I have made a difference to many people.
- _____ 5. I do not volunteer to work for a charity.
- _____ 6. I have made and created things that have had an impact on other people.
- _____ 7. I try to be creative in most things that I do.
- _____ 8. I think that I will be remembered for a long time after I die.
- _____ 9. I believe that society cannot be responsible for providing food and shelter for all homeless people.
- _____ 10. Others would say that I have made unique contributions to society.
- _____ 11. If I were unable to have children of my own, I would like to adopt children.
- _____ 12. I have important skills that I try to teach others.
- _____ 13. I feel that I have done nothing that will survive after I die.
- _____ 14. In general, my actions do not have a positive effect on other people.
- _____ 15. I feel as though I have done nothing of worth to contribute to others.
- _____ 16. I have made many commitments to many different kinds of people, groups, and activities in my life.
- _____ 17. Other people say that I am a very productive person.
- _____ 18. I have a responsibility to improve the neighborhood in which I live.
- _____ 19. People come to me for advice.
- _____ 20. I feel as though my contributions will exist after I die.

APPENDIX F

GENERATIVE BEHAVIOR CHECKLIST, ADAPTED

Instructions. Below is a list of specific behaviors or acts. Over the past two months, it is likely that you may have performed some of these behaviors. It is also likely that you have not performed many of them as well during this time. Please consider each behavior to determine whether or not you have performed the behavior during the past two months. If you have performed the behavior, please try to determine how many times you have performed it during the past two months. For each behavior, provide one of the following ratings:

Write a "0" in the blank before the behavior if you have not performed the behavior during the past two months.

Write a "1" in the blank if you have performed the behavior one time during the past two months.

Write a "2" in the blank if you have performed the behavior more than once during the past two months.

- ____ 1. Taught somebody a skill.
- ____ 2. Served as a role model for a young person.
- ____ 3. Told somebody about my own childhood..
- ____ 4. Made a decision that influenced many people.
- ____ 5. Provided constructive criticism about somebody's performance.
- ____ 6. Performed a community service.
- ____ 7. Produced a plan for an organization or group outside my own family.
- ____ 8. Drew upon my past experiences to help a person adjust to a situation.
- ____ 9. Did something that other people considered to be unique and important.
- ____ 10. Sewed or mended a garment or other object.
- ____ 11. Restored or rehabbed a house, part of a house, a piece of furniture, etc.

APPENDIX G

SEMI-STRUCTURED INTERVIEW FOR FAMILIES WITH ADOPTED
CHILDREN

1. Being a father can mean different things for people. I would like you to think about the roles or work in which you engage as a father and describe them to me.
 - a. How has your concept of fatherhood changed over time? I would like to know how you thought about your role as a father before the adoption of your child, immediately after the child's adoption, and as your child has grown older.
 - b. Tell me the ways in which your partner might view his roles and responsibilities as a father differently than you do. How are your views similar to your partner's views?
 - c. Some people feel that their own experiences as children provide a template for their concepts of parenthood. How true is this for you? Tell me about how your experiences as a child have influenced the type of parent you are today.
2. How has being a gay man affected the way you think about fatherhood?
 - a. Tell me about the obstacles you have faced being gay and having a child. What motivates you to be a parent in the face of these obstacles?
 - b. Tell me about the obstacles you have faced being a man raising a child in the absence of a traditional mother figure in the home. Please provide examples of some of these experiences.
 - c. To what extent are you connected to the gay community? For example, do you have many homosexual friends? Are you involved in parenting "groups" with other gay parents?

- d. To what extent are you connected to the heterosexual community? For example, do you have many heterosexual friends? Are you involved in parenting “groups” with heterosexual mothers and fathers?
 - e. Tell me how your connections to the homosexual and heterosexual community have changed since the adoption of your child. Do you find yourself in more or less contact with either community since the adoption of your child?
3. Tell me why you wanted to become a parent.
- a. When did you first start to think about becoming a parent?
 - b. At the start of your relationship with your partner, to what extent did he also want to have a child ?
 - c. If your partner did not initially want to have a child, what factors changed his mind?
 - d. Tell me about the process you went through to adopt your child (e.g., planning, legal issues, etc.).
4. What is the relationship of your family (i.e., your partner and your child(ren) to the birth family of your child?
5. People often think about how they will contribute something to society, to give something to the generation that will come after them. To what extent was your decision to be a father part of a wish to pass something on to the next generation?
6. There are several ways that gay men can create a family with children. For example, some men decide to have children through a surrogate mother. Please

talk about your decision to adopt a child given the availability of other options.

Did you consider other options? Why or why not?

7. What other aspects of fathering that we have not discussed are important in understanding the experiences of gay fathers?

APPENDIX H

SEMI-STRUCTURED INTERVIEW FOR FAMILIES WITH BIOLOGICALLY
RELATED CHILDREN, FOR THE PARTICIPANT WHO IS THE BIOLOGICAL
FATHER OF THE COUPLE'S CHILD

1. Being a father can mean different things for people. I would like you to think about the roles or work in which you engage as a father and describe them to me.
 - a. How has your concept of fatherhood changed over time? I would like to know how you thought about your role as a father before the birth of your child, immediately after the child's birth, and as your child has grown older.
 - b. Tell me the ways in which your partner might view his roles and responsibilities as a father differently than you do. How are your views similar to your partner's views?
 - c. Some people feel that their own experiences as children provide a template for their concepts of parenthood. How true is this for you? Tell me about how your experiences as a child have influenced the type of parent you are today.
2. How has being a gay man affected the way you think about fatherhood?
 - a. Tell me about the obstacles you have faced being gay and having a child. What motivates you to be a parent in the face of these obstacles?
 - b. Tell me about the obstacles you have faced being a man raising a child in the absence of a traditional mother figure in the home. Please provide examples of some of these experiences.

- c. To what extent are you connected to the gay community? For example, do you have many homosexual friends? Are you involved in parenting “groups” with other gay parents?
 - d. To what extent are you connected to the heterosexual community? For example, do you have many heterosexual friends? Are you involved in parenting “groups” with heterosexual mothers and fathers?
 - e. Tell me how your connections to the homosexual and heterosexual communities have changed since the birth of your child. Do you find yourself in more or less contact with either community since the birth of your child?
3. Tell me why you wanted to become a parent.
- a. When did you first start to think about becoming a parent?
 - b. At the start of your relationship with your partner, to what extent did he also want to have a child?
 - c. If your partner did not initially want to have a child, what factors changed his mind?
 - d. Tell me about the process you went through to father your child (e.g., planning, legal issues, etc.).
4. Tell me about your decision to biologically father your child.
5. How was the decision made about who would be the seminal donor for your child?
- a. How does the fact that you are biologically related to your child affect your relationship to him/her?

- b. How would you characterize your partner's relationship with your child? How is his relationship with your child influenced by the fact that you are the biological father?
 - c. What is the relationship of your family (i.e., your partner and your child(ren) to the surrogate/birth mother of your child?
- 6. People often think about how they will contribute something to society, to give something to the generation that will come after them. To what extent was your decision to father a child part of a wish to pass something on to the next generation?
- 7. There are several ways that gay men can create a family with children. For example, some men decide to adopt a child. Please talk about your and your partner's decision to biologically father your child given these other options. Did you consider other options? Why or why not?
- 8. What other aspects of fathering that we have not discussed are important in understanding the experiences of gay fathers?

APPENDIX I

SEMI-STRUCTURED INTERVIEW FOR FAMILIES WITH BIOLOGICALLY RELATED CHILDREN, FOR THE PARTICIPANT WHO IS NOT THE BIOLOGICAL FATHER OF THE COUPLE'S CHILD

1. Being a father can mean different things for people. I would like you to think about the roles or work in which you engage as a father and describe them to me.
 - a. How has your concept of fatherhood changed over time? I would like to know how you thought about your role as a father before the birth of your child, immediately after the child's birth, and as your child has grown older.
 - b. Tell me the ways in which your partner might view his roles and responsibilities as a father differently than you do. How are your views similar to your partner's views?
 - c. Some people feel that their own experiences as children provide a template for their concepts of parenthood. How true is this for you? Tell me about how your experiences as a child have influenced the type of parent you are today.
2. How has being a gay man affected the way you think about fatherhood?
 - a. Tell me about the obstacles you have faced being gay and having a child. What motivates you to be a parent in the face of these obstacles?
 - b. Tell me about the obstacles you have faced being a man raising a child in the absence of a traditional mother figure in the home. Please provide examples of some of these experiences.
 - c. To what extent are you connected to the gay community? For example, do you have many homosexual friends? Are you involved in parenting "groups" with other gay parents?

- c. To what extent are you connected to the gay community? For example, do you have many homosexual friends? Are you involved in parenting “groups” with other gay parents?
 - d. To what extent are you connected to the heterosexual community? For example, do you have many heterosexual friends? Are you involved in parenting “groups” with heterosexual mothers and fathers?
 - e. Tell me how your connections to the homosexual and heterosexual communities have changed since the birth of your child. Do you find yourself in more or less contact with either community since the birth of your child?
3. Tell me why you wanted to become a parent.
- a. When did you first start to think about becoming a parent?
 - b. At the start of your relationship with your partner, to what extent did he also want to have a child?
 - c. If your partner did not initially want to have a child, what factors changed his mind?
 - d. Tell me about the process you went through to father your child (e.g., planning, legal issues, etc.).
4. Tell me about your decision to biologically father your child.
5. How was the decision made about who would be the seminal donor for your child?
- a. How does the fact that you are biologically related to your child affect your relationship to him/her?

- b. How would you characterize your partner's relationship with your child? How is his relationship with your child influenced by the fact that you are the biological father?
 - c. What is the relationship of your family (i.e., your partner and your child(ren) to the surrogate/birth mother of your child?
6. People often think about how they will contribute something to society, to give something to the generation that will come after them. To what extent was your decision to father a child part of a wish to pass something on to the next generation?
7. There are several ways that gay men can create a family with children. For example, some men decide to adopt a child. Please talk about your and your partner's decision to biologically father your child given these other options. Did you consider other options? Why or why not?
8. What other aspects of fathering that we have not discussed are important in understanding the experiences of gay fathers?

- d. To what extent are you connected to the heterosexual community? For example, do you have many heterosexual friends? Are you involved in parenting “groups” with heterosexual mothers and fathers?
 - e. Tell me how your connections to the homosexual and heterosexual communities have changed since the birth of your child. Do you find yourself in more or less contact with either community since the birth of your child?
3. Tell me why you wanted to become a parent.
- a. When did you first start to think about becoming a parent?
 - b. At the start of your relationship with your partner, to what extent did he also want to have a child?
 - c. If your partner did not initially want to have a child, what factors changed his mind?
 - d. Tell me about the process you went through to father your child (e.g., planning, legal issues, etc.).
4. Tell me why it was, or was not, important for you to have one member of your family be biologically related to your child.
5. How was the decision made about who would be the seminal donor for your child?
- a. How does the fact that you are not biologically related to your child affect your relationship to him/her?

- b. How would you characterize your partner's relationship with your child? How is their relationship influenced by his biological connection to your child?
 - c. What is the relationship of your family (i.e., your partner and your child(ren)) to the surrogate/birth mother of your child?
- 6. People often think about how they will contribute something to society, to give something to the generation that will come after them. To what extent was your decision to father a child part of a wish to pass something on to the next generation?
- 7. There are several ways that gay men can create a family with children. For example, some men decide to adopt a child. Please talk about your and your partner's decision to biologically father your child given these other options. Did you consider other options? Why or why not?
- 8. What other aspects of fathering that we have not discussed are important in understanding the experiences of gay fathers?

APPENDIX J

INTRODUCTORY QUESTIONS FOR USE WITH ALL SEMI-STRUCTURED
INTERVIEWS

- 1) In two or three sentences, how would you describe yourself to someone who does not know you?
- 2) Tell me about the major life events that you feel were formative in determining who you are as a person.
- 3) How would you characterize your relationship with your family (siblings, parents, etc.)?
- 4) Tell me about your experiences of “coming out” as a gay man.
- 5) Please tell me how disclosing you are about your sexual identity. For instance, are you open about your sexual orientation with your family? At work? In social situations?”

APPENDIX K

BREAKDOWN OF COSTS ASSOCIATED WITH SURROGACY FROM A FULL
SERVICE AGENCY

**Breakdown of Costs Associated with Surrogacy from a Full Service Agency,
based on one transfer procedure ***

Professional Fees:

First Payment (after Retainer Agreement signed)	\$7,000
Second Payment (after start of working with a surrogate)	\$6,500
Third Payment (after confirmation of pregnancy)	\$6,500

Screening Costs:

Medical screening for the surrogate	\$2,000
Psychological screening for the surrogate	\$700
Criminal history inquiry for the surrogate	\$50
Criminal history inquiry fee for both prospective parents	\$100
Prospective parents genetic evaluation	\$25
High-risk pregnancy consultation for prospective parents	\$50

Surrogate Compensation and Other Expenses:

Surrogate Fee, paid over course of pregnancy (fees will be higher for more experienced surrogates)	\$22,000
Surrogate monthly allowance once matched (estimated for 12 months)	\$2,400
Surrogate expenses during screening and matching process (meals, childcare, lost wages, etc.)	\$1,500
Housekeeping expenses (for housekeeping services, begins on the first day of the third trimester and continues for three weeks after delivery)	\$900
Surrogate maternity clothing allowance	\$500
Surrogate Retreat (travel, hotel and meals)	\$500
Surrogate IVF transfer fee (for month of embryo transfer)	\$750
Travel and hotel expenses for surrogate transfer procedure (average)	\$1,200
Surrogate's medical insurance premiums	\$9,350
Surrogate's medical insurance deductible/copayment (average)	\$10,000
Average surrogate medical insurance deductible/copayment for multiple delivery	\$15,000
Surrogate life insurance policy premium (estimate)	\$400
Surrogate insurance policy premiums (estimate for 12 months)	\$996
Intended parent insurance policy premiums (estimate)	\$210

* Some pregnancies require more than one transfer procedure

Egg Donor Compensation and Expenses:

Egg donor fee (will vary)	\$8,000
Medical screening fees for the donor	\$2,000
Egg donor spouse/partner medical screening	\$900
Egg donor insurance premium, for complications (per cycle)*	\$350*
*an insurance deductible of \$2,500 applies in cases of overstimulation	

Other variable costs:

Multiple birth compensation (per additional child)	\$5,000
Cesarean section compensation	\$1,000
Amniocentesis or CVS compensation	\$500
Amniocentesis or CVS compensation after initial procedure	\$250
D&C compensation	\$500
Cerclage compensation	\$500
Abortion/Termination compensation	\$500
Fetal reduction compensation	\$500
Loss of uterus	\$2,500
Cycle cancellation compensation (if prospective parents cancel a cycle for a non-medical reason)	\$500
Medical procedure cost for Amniocentesis or CVS if not covered by insurance	\$2,000
Medical procedure cost for reduction if not covered by insurance	\$2,800
Estimated cost, single birth with no complications	\$84,531

(source: Growing Generations, 2007, <http://www.growinggenerations.com>)

APPENDIX L

PARTICIPANT NAME ASSIGNMENTS

Fathers in Families Created Through Surrogacy

Adam
Bob

Carl
Greg

Erik
Frank

Doug
Harry

Ian
Jack

Fathers in Families Created Through Adoption

Xavier
Zack

Will
Victor

Patrick
Sam

Quinn
Ray

Neil
Tom

APPENDIX M

IMPORTANT TERMS AND CONCEPTS

Hormones

An *androgen* is a steroid hormone that contributes to masculine characteristics and is found in the ovaries and testes.

Estradiol is a hormone that is released from the follicular cells of the ovaries and is the primary estrogen hormone.

Estrogen is produced by the ovaries (and by the testes in men). It stimulates the development of secondary female sexual characteristics and controls the course of the menstrual cycle, thickening the uterine lining for ovulation and possible pregnancy.

Follicle Stimulating Hormone (FSH) is a hormone produced by the pituitary gland that stimulates the development of ovarian follicles. In men FSH stimulates sperm production.

Gonadotropins are produced by the pituitary gland. These hormones (follicle stimulating hormone and luteinizing hormone) control reproductive function.

Gonadotropin Releasing Hormone (GnRH) is secreted by the hypothalamus and triggers the pituitary gland to secrete follicle stimulating hormone and luteinizing hormone.

Human Chorionic Gonadotropin (hCG) is produced by the placenta in early pregnancy and causes the corpus luteum to produce progesterone. hCG may be used in women to trigger ovulation and in men to stimulate testosterone production. This is also the hormone that is assessed by pregnancy tests to determine pregnancy.

Luteinizing Hormone (LH) is secreted by the pituitary gland and is essential for the production of estrogen in women and the production of testosterone in men.

Luteinizing Hormone Surge (LH SURGE) is the release of LH that releases a mature egg from the follicle and usually occurs 24-36 hours before ovulation.

Progesterone is the female hormone produced by the corpus luteum during the luteal phase. Progesterone thickens the uterine lining in preparation for the implantation of a fertilized egg.

Testosterone is a hormone which is necessary for the production of sperm. It also produces secondary sex characteristics in men.

Procedures

Assisted hatching (AH) is an IVF procedure that involves micromanipulation of an embryo to improve the possibility of implantation. Performed on the third day of an embryo's development, the zona of the egg is either thinned or a small hole is made, helping the embryo to progress in its development.

A *baseline ultrasound* helps to determine the general position and condition of ovaries.

A *blastocyst transfer* is generally used in situations in which pregnancy is less likely (e.g., older embryos, problems with sperm). Embryos are allowed to mature for four or five days (until they reach blastocyst stage) before being implanted. This period is longer than the two or three days that embryos develop in IVF and is believed to result in a higher rate of successful pregnancies.

Chemiluminescent/Reactive Oxygen testing is a fertility test used to determine if excess levels of superoxide anion, hydrogen peroxide, or nitric oxide are present in a sperm sample.

Computer Assisted Sperm Analysis (CASA) is a process in which a computer is used to look at sperm concentration and motility. In general, a computer assesses semen samples by comparing sperm to a database of "normal" reference sperm. Usually any abnormal results determined by the computer will be analyzed by a human specialist to determine if the sample is actually abnormal.

Controlled ovarian hyperstimulation is the process by which a woman's ovaries are stimulated with hormones (usually gonadotropins and/or clomiphene

citrate) to develop the maximum number of follicles possible and to control the timing of ovulation.

Cyropreservation refers generally to the process of storing organs or tissues at very low temperature to preserve them for future use. Both embryos and sperm may be cryopreserved for future attempts at fertilization.

Egg retrieval is a procedure performed during laparoscopy, or through the vagina by using a needle and transvaginal ultrasound (to locate the follicle in the ovary), to obtain eggs for IVF.

An *embryo transfer* occurs after an egg is fertilized outside the uterus, it is then transferred back into the uterus or fallopian tube.

Hypo-osmotic swelling test (HOS) is a test to determine the integrity and behavior of a sperm tail.

Hysteroscopy is a visual examination of the uterus using a hysteroscope (essentially a lighted scope), allowing a physician to see the uterus without making an incision.

In *Intracytoplasmic Sperm Injection (ICS)*, a single sperm is injected directly into an egg, using a microscope. This procedure is generally used when there are very

low sperm counts, or with sperm that are non-motile (they cannot swim effectively to an egg).

Micromanipulation refers to any procedure that is performed under a microscope.

Pre-implantation genetic diagnosis (PGD) is any test used to diagnosis genetic disorders in the embryo.

Sperm Penetration Assay (SPA, or "Hamster Test") is a controversial sperm fertility test (often results in false positive readings) in which the species specific barrier to a hamster's eggs are removed. The eggs are then exposed to the sperm being tested and monitored to see if the sperm penetrates the egg. It is believed that if the sperm penetrates the hamster egg, it is able to penetrate a human egg.

Sperm washing is a technique to remove elements of a man's ejaculate that are unnecessary for fertilization.

Zona pellucida binding tests are fertility tests used to assess the binding capacity of a man's sperm.

Biological Terms

The *corpus luteum* is a mass of cells that form on an ovarian follicle after it releases an egg, producing the progesterone and estrogen necessary to maintain pregnancy.

Fallopian tubes are the path by which an egg travels to the uterus after being released from the follicles. In natural pregnancy, the process of fertilization begins in the fallopian tubes.

Follicles are located in the ovaries and are sacs filled with fluid which contain a woman's eggs.

The *follicular phase* refers to the period between the first day of menstruation and ovulation, when follicles are produced.

A *gamete* refers to a woman's egg, or sperm in a men.

The *hypothalamus*, which is located at the base of the brain, controls the release of hormones.

Implantation refers to the point an embryo embeds itself in the lining of the uterus.

The *luteal phase* refers to the last fourteen days of the ovulatory cycle (the second half of the menstrual cycle) in which progesterone is produced, causing the uterine lining to thicken in preparation for implantation.

An *oocyte* is another term for a woman's egg.

The *ovaries* are the female reproductive organs. They are responsible for egg production and storage, and produce estrogen and progesterone.

An *ovum* is another term for a woman's egg.

The *pituitary gland*, which is located at the base of the brain, secretes a number of hormones involved in the reproductive process.

The *zona* is the outer shell of an egg.

Terms specifically related to sperm

Aspermia is when no semen is produced.

Asthenozoospermia refers to low or weak sperm motility (usually less than 40% of sperm are moving), meaning they are less likely to be able to fertilize an egg without assistance. Asthenozoospermia can be caused by laboratory error and this

finding should always be checked.

Hemospermia refers to the presence of red blood cells in semen and is a condition that is abnormal and should be investigated further.

Hyperspermia refers to semen volume that exceeds 5.5ml.

Hypospermia refers to semen volume that is under 1.5ml.

Macrocephalic refers to an abnormal largeness of the head. In reproductive terms it generally refers to sperm that have abnormally large heads.

Microcephalic refers to an abnormal smallness of the head. In reproductive terms it generally refers to sperm heads that are abnormally small.

Morphology refers to the form and structure of something. In ART and IVF it refers to the physical structure and configuration of sperm.

Necrozoospermia refers to sperm that are not capable of fertilization because they are not moving ("dead sperm").

Oligoasthenozoospermia refers to motile density that is < 8 million sperm/ml.

Oligospermia/Oligozoospermia refers to a low sperm count, generally considered less than 20 million/ml.

Polyzoospermia is a term used for excessively high sperm concentration.

Pyospermia is when white blood cells are found in semen.

Pyriform Shape refers to sperm heads that are teardrop in shape and considered abnormal.

Spermatozoa is another term for sperm.

Teratozoospermia refers to a high percentage, usually >40%, of abnormally shaped sperm, reducing the chances of fertility.

Other Terms

Chemical pregnancy refers to the false appearance of pregnancy due to fluctuations in hormone levels. The term also refers to IVF pregnancies that result in a chemical pregnancy, but may or may not result in clinical pregnancy. When comparing IVF success rates, this statistic should not be considered as it may give the artificial impression of higher numbers of actual pregnancies.

A *fertility specialist* is a specialist that the American Board of Obstetrics and Gynecology certifies a physician with this subspecialty for OB-GYNs who are trained in the study of hormones and infertility.

Idiopathic infertility is used to describe infertility when the cause cannot be explained.

Ovarian hyperstimulation syndrome (OHSS) is a rare, but painful condition that occurs when the ovaries become overstimulated by reproductive hormones. The condition generally causes fluid in the abdomen and nausea, lasting several days to weeks. In extremely rare cases OHSS can result in death.

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